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**The National Program for Combating Female Genital Mutilation and Family Empowerment**



**Mid Term Evaluation Report**

November 2014

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# **Executive Summary**

It was past the incidents of January 2011 that the National Programme for Female Genital Mutilation Combat and Family Empowerment was planned under the auspices of the National Population Council, aiming at holding female genital mutilation combat a genuine right for all families targeted by programme empowerment activities. A reconsideration was foreseen required by the formed National Steering Committee chaired by the Ministry of Health and Population, the National Population Council and the United Nations, for the purpose of having programme strategies mainstreamed along with respective partners for the sake of enforcing phenomenon monitoring mechanisms and effective measurement of on-ground community change and, along with policy makers, filling of relevant gaps. The vision of the programme, set for 2011 and beyond, had family rights with special respect to having female genital mutilation abandonment assumed on top of priorities of already established as well as newly structured political parties, and coming down first as well under other political and social activists’ agendas.

By definition, female genital mutilation is the partial or total mutilation of external female genitalia for reasons usually attributed to deep customs and traditions of oriental societies, that demonstrate – in reality, however – only brutal manifestation of gender-sensitive human rights violation, aiming at dominating the sexual lives of females and abusing their rights to retaining sound and unviolated bodies and leading safe and healthy psychological as well as physical lives. Family empowerment, on the other hand, is meant for enabling and securing family rights to sound and stable lives with decent health, education, income and social standard, free from any internally or externally violent or demoralizing discriminating practices based on gender, geographical location, economic and social level, or else.

In this respect, the National Programme for Female Genital Mutilation Combat and Family Empowerment aimed at mainstreaming the definition of, and reform to, female genital mutilation conceptualizations through excessively comprehensive ground-ruling framework that enables families to adopt solid corrective decisions against discriminating practices and marginalization behaviour against females (i.e. early marriages, unregistered marriages, un/under-education, economic non-independency, etc.)

The programme focused as well, in the larger picture, on defining the solid concepts of family rights to renounce female genital mutilation, for a key topic within the broader health and education thematic national contexts, intended for having all families securely mainstreamed as new support channels to overall programme mobilization and advocacy strategies.

In this context and in line with the requirement of holding regular evaluations to activities progress and result achievements, coming down under Component Four (4) of the Programme starting in January 2013 and ending in December 2015, an outsourced independent consultant was hired by the National Population Council to run this mid-term evaluation assisted by a full team of field workers ranging between researchers, data collectors and analysts. The evaluation mission mandate was the production of a complete evaluation report that demonstrates solid findings, recommendations and lessons learned so as to proactively contribute to planning and implementation of programme next phase, at more efficient resources use rate as well as at highly maximized realization of results.

The programme overall objective is enhancing local initiatives aiming at reducing and fully banning female genital mutilation practices through development of partnerships and coordination mechanisms with all respective partners and stakeholders ; enhancement of national and local phenomenon monitoring mechanisms ; broadening of social communication, integration and support networking scope ; and finally empowerment of families and securing their rights to complete non-violent living environment.

The mid-term evaluation mission, accordingly, was to research and investigate the degree and implications subsequent to relevance, effectiveness and efficiency of implemented activities and achieved results that directly impact family traditional trends towards reducing, if not fully rejecting, female genital mutilation practices at all levels. The evaluation aimed as well at concluding lessons learned that retrospectively demonstrate gained learning as well as proactively guide the next programme planning and implementation phase until project finalization.

The mission adopted a mixed quantitative and qualitative complementing evaluation methodologies that fully assess performance and verify activities and results realization, impacting targeted beneficiaries towards reduction and complete rejection of all female genital mutilation practices. A research survey tool was designed for this purpose, along with multiple qualitatively appraising focus group discussions held with local parents, young women and young men, social dialogue sessions conducted, semi-structured interviews held with programme team as well as partner civil society organizations.

The sample targeted by the research survey reached up to 2,413 households divided in type between 1,610 experimental group households and 803 control group households, typically sharing same economic, social and geographical characteristics, for the sake of harvesting non-tangible differences between the two groups relating to conceptualizations and practices relating to female genital mutilation phenomenon as well as empowerment level of families on the round. Adequately proportional was gender element distribution percentages while planning survey targets, ranging between an overall percent of 31% for males in both groups, compared to 69% for females. In addition, a total number of 188 qualitative appraisal surveys were administered by local programme coordination staff. Conducted focus groups were held as well targeting a total number of 230 community members (forty 8-member groups) at the age bracket of 12-18 for youth and 20-45 for parents. Social and vocational community leaders were much frequently involved in this loop as well. Intensive meetings were held too with programme staff along with 20 local civil society partner organizations.

Evaluation scope included all ten (10) implementation governorates (Fayoum, Beni Suef, Minia, Assiut, Suhag, Qena and Aswan in Upper Egypt, as well as Qalubia, Gharbia and Port Said in Lower Egypt). Coordination was conducted among 20 partner civil society organizations, supervised by programme management team headed by technical support and field monitoring manager. The research targeted foreseen programme impact to beneficiary families with females at, or around, the age bracket of genital mutilation.

Evaluation conducted phases can be summarized as follows:

1. Examination of all programme key formulation and planning documents as well as regular progress reports and first annual progress report;
2. Conducting meetings with programme managers to formulate and produce a final version of mid-term evaluation action plan terms, methodology, tools and agenda;
3. Conducting meetings with field work team leaders as well as partner Upper and Lower Egypt civil society organizations to secure safe diversification spectrum of target respondents at well-arranged communication measures ;
4. Conducting field work, data collection, cleaning, entry and analysis;
5. Drafting evaluation report, presentation to programme senior management for discussions and feedback integration and consolidation in and production of the final report version.

On top of evaluation conclusions come the following:

1. Partner civil society organization have highly succeeded in mobilizing programme message not only in programme implementation (experimental) communities’ scope, but in adjacent (control) communities as well at 90% of affected households. Television and CSOs message broadcasting came as top of knowledge advocacy means;
2. Awareness sessions held by partner CSOs succeeded immensely in securing participation of women at 90% off total for a participation percentage in experimental communities compared to men at 68% only. Bigger seminars on the other hand were impacting target communities the most in consideration to thematic topics of female genital mutilation combat at 40% recurrence rate, and by early marriage combat at 11%, followed by all other family empowerment topics;
3. The majority of programme mobilization and awareness activities were held at CSOs’ premises (63%), then at village head’s house yard (12%), followed by all other institutions at lower rates;
4. 64% of experiment group households informed of their receiving family or community support services that directly affected them only through the programme. Sohag came first of all governorates in delivery of such services at 85%, followed by Aswan (79%), Assiut (67%), Beni Suef (63%), Fayoum (46%), Port Said (53%), Qalubia (51%), and finally Gharbia (41%);
5. 84% of experiment group households informed that all services provided by the CSOs have greatly impacted their lives and helped foster trust building with the programme. On top of direct beneficiaries’ impacting services came health services (51%), income support services (51.3%), educational services (19,7%), and finally domestic drainage improvement services (5.9%) being highly costly;
6. Although the CSOs and programme field work team have effectively carried out and assisted in mid-term evaluation tasks, they have been far less subjected to training opportunities in the previous duration except for capacity building activities targeting female village leaders;
7. Programme financial efficiency needs more attendance and development for more than 90% of respondent CSOs and monitoring staff expressed the immense delay in payments issuance and transfer, negatively timely implementation of activities and progress henceforth;
8. Programme coordinators and facilitators have retained considerable efficiency performance standards upon reacting to spotted cases attempting female genital mutilation. 98.4% of respondents spoke of positive family decision recovery/reform interventions administered like enhancing families’ awareness, reporting such violent incidents to CSOs and nearest police stations. 1.6% of respondents, however, demonstrated negative attitudes towards properly responding to such incidents;
9. Community youth were not well integrated as a key support factor during programme implementation despite the existence of well-trained youth calibers at programme earlier phase. They could have constitutes an immense support asset in positively enhancing community awareness of female genital mutilation combating and families empowerment;
10. Female genital mutilation supporters reduced from 38.9% within control community to 12.2% in experimental community. Those supporting the combat to female genital mutilation, on the other hand, increased immensely in experimental communities at 78% compared to control communities’ percentage of 45.8%;
11. 40.8% in control communities, compared to 76.1% in experimental communities, see that female genital mutilation practices’ frequency rates of ‘very high’ and ‘high’, bearing in mind that Lower Egypt governorates are more resilient to combating female genital mutilation compared to Upper Egyptians. It was seen also that average and lower income level families are more supporting combating such a brutal phenomenon;
12. The programme has immensely impacted parallel misconception traditional habits of early marriage. Only 6% of experimental community respondents at the age bracket of 16-25 favored early marriage, compared to 14.3% of control community respondents. The uneducated and the poorer, however, seem to backup such an early marriage trend;
13. Age was proven to positively relate to family violence incidents recurrence, in the sense that the more ages are, the more responsibilities are born and so goes violent practices higher likelihood. Of other highest reasons resulting in higher family violence rates came deteriorated social and economic conditions. 90% of households were seen to practice violence upon usually or always reprimanding children.

As for key evaluation recommendations, it was seen of great importance to:

1. Progressively build goal-oriented partnerships and coordination relationships with top country executive offices at levels of governors, general secretariats and local councils, so as to have stronger political and institutional enabling infrastructure developed on the ground. It is important as well to seek productive networking channels with the National Population Council across all its relevant branches where rational accessibility to shared resources as well as decentralized legislations can be secured.
2. Upgrade local media and communication initiatives quality to centralized level’s strength. This applies to media organizations like Nile Centers or Public Authority for Information Services and Local Television, Local Radio Broadcast, besides any others seen important yet indirectly reached through the programme. This calls for the strategic development of a proper media portfolio that incorporates production of educational, awareness and all types of useful materials for use by programme local community mobilization teams. Visual and audio transmitted messages are seen in this sense equally, if not more, important to verbal communications.
3. Develop multiple means for building capacities and investing in human factor knowledge and skills accumulation so as to maximize performance and result achievement quality. Potential training topics that should positively enhance performance management capabilities to pioneer in programme technical as well as financial respects, relate to key topics like results oriented management, monitoring and evaluation, and resource mobilization.
4. Secure fruitful networking mechanisms between civil society organizations and field teams in different programme implementation governorates, for the sake of sharing and complementing knowledge, skills, success story models and case studies.
5. Focus more on enhancing the Youth component and have it well integrated in annual programme plan with adequate budget that contribute to the realization of specific results at viable indicators planned scheme. The plan should as well include identification a quality member for supervising implementation of this component, development of a database of volunteers under all implementation governorates with training manuals and well produced and integration of volunteerism capacity building activities properly scheduled.
6. Intensify and increase awareness activities to combat family violence and child abuse. In-depth awareness at local grass root household level should take into consideration enlightening families with child development basic as well as alternative means. Family counseling and economic development services should be developed and properly integrated so as enablement of family dialogue and reduce violence likelihood;
7. Research feasibility of holding partnerships with the private and politicians sectors at local level, potentially facilitating accessibility to, or secure, donations required for supporting all types of family services and community initiatives, usually found difficult or un-fundable by programmes. Integration of politicians would definitely provide solid grounds supporting programme institutional or legislative requirements;
8. Last but never least, provide psychological support counseling sessions to genital mutilation victims so as to have them re-integrated in local communities at the larger scale, as well as potential local use as advocates who would positively help mobilize programme key female genital mutilation combat message as well as overall social reform.

# **Theoretical and Methodological Framework**

## Introduction

The National Program for Female Genital Mutilation (FGM) and Family Empowerment was signed in September 2009 by the Ministry of Family and Population and United Nations Development Programme. The Program aims at creating a sustainable political, legal and social environment that enables families and local communities towards elimination of FGM along with all other forms of domestic violence.

Program activities are planned in line with Egypt’s envisaged international commitments as signatory of all human rights agreements, with special focus paid to elimination of all forms of violence against women and children.

Implementation of the joint program activities started under the umbrella of the National Council for Childhood and Motherhood since 2003 and until 2011 where the Minister of Health announced that the Program has been included under National Population Council’s programs for family rights and reproductive health, with high expectations for having programmatic vision mainstreamed and sponsored by government regular services in the sectors of health and education.

The joint program builds on all previous achievements of the national team handling anti FGM activities, gradually rendering female genital mutilation criticality issues along with other traditional forms of domestic violence among top priority issues of Egyptian national development agenda.

The National Population Council receives support from many bilateral donor organizations including the Netherlands, USAID, GTZ, besides various United Nations agencies like United Nations Development Programme and United Nations Population Fund, United Nations Children's Fund (UNICEF) and the United Nations for Women (calling for gender equality and women empowerment). The EU in turn has become lately a major partner in the program starting from November 2011.

The overall objective of the Program is to promote the initiatives calling for elimination of FGM through strengthening partnerships and coordination mechanisms with all parties involved, as well as supporting mechanisms development for monitoring the phenomenon at national and local levels, expanding community and media outreach and advocacy to enable the family and to ensure that member rights against all forms of violence.

In this context, the following gets taken into consideration:

* The National Population Council has the ability to mobilize and support respective ministries concerned, medical services community, regional universities, non-governmental organizations, and the media, for the sake of strategically planning and implementation anti FGM protocols.
* Inclusion of the issue and message of female genital mutilation combat relevant ministries’ portfolios, programs and curricula, helped empower families by providing social, educational and comprehensive health service packages.
* Accordingly, operational and regulatory environment has been enhanced to support the elimination of female genital mutilation as well as other forms of domestic violence with a comprehensive approach that achieves family empowerment through improvement of health and education services at the local level.
* The application of effective monitoring and evaluation systems at the local and national levels managed to measure the level of change and the successes achieved in elimination of FGM, along with fostering networking between civil society and non-governmental organizations at the local level.
* Strengthen advocacy and support strategies to support campaigns in elimination of FGM, and focus on the positive support of democracy and basic civil rights against all forms of domestic violence.

It is worth mentioning that this evaluation surveys Component Four that aims at measure the change level and the successes achieved in elimination of FGM.

## Objective of Program Evaluation

Evaluation aims at measuring the strengths and weaknesses in the implementation of the National Program for FGM Combat and Family Empowerment through:

* Measuring relevance, effectiveness, efficiency of performance for the sake of identifying achieved progress in activities and results in reference to Program logical framework.
* Assessing primary impact achieved by the Program to date as well as identifying the sustainability potential for achieved results.

High attention should be given to evaluation findings and recommendations for future implementation within currently available planned resources, with the possibility of modification, deletion or addition in implemented initiatives or implementation methodology that should not violate Program main goal, objectives or expected results. The evaluation is based on the following criteria:

**Relevance**

* Relevance of Program implemented activities to planned objectives, national commitments and local community needs and priorities.
* Relevance of Program to National Development Plan and Millennium Development Goals.

**Effectiveness**

* Effectiveness of awareness methodologies about Program initiatives and marketing within local communities.
* Effectiveness of awareness raising campaigns implemented in 10 target local communities and the results of seminars on developing knowledge and attitudes of participant families.
* Effectiveness of delivered family services and community initiatives as well as the contribution of these services to the promotion of targeted results.
* Success in influencing Program implementation partners; whether they added up to maximizing results realization.
* Effectiveness of available monitoring and reporting system

**Efficiency**

* Efficiency of work team and capacity building of Program stakeholders.
* Efficient Program contribution to developing communication with local communities and building partnerships with stakeholders.
* Efficient mobilization of local resources and use of financial resources.
* Efficient monitoring and evaluation operations.
* Efficient investment in youth cadres.

**Impact**

* Impact of the Program on changing perceptual trends of beneficiaries.
* Impact of the program in the spread of FGM practices with required categorization and analysis.

## Survey Methodology

The study employed a mixed approach that combines quantitative and qualitative methods in order to survey Program's performance with supporting quotations from all parties involved. Researching local community perceptual trends were also researched regarding the critical issue of girl and family protection against all forms of violence. Researched also is FGM spread with full analysis and categorization of distribution density disaggregated by location, age, education as well as other governing factors.

**Quantitative Methodology**

Research quantitative methodology was designed and applied on 2413 households split into two groups, experimental and control. The experimental group received all Program services while the second group has received none and is used for comparison for the sake of measuring the degree of Program success in achieving impact in targeted communities (experimental). The application was in the ten (10) Program implementation villages, including 7 in Upper Egypt (Beni Suef, Fayoum, Minia, Assiut, Sohag, Qena, and Aswan) besides other 3 governorates of Lower Egypt (Qalubia, Gharbia, and Port Said). Survey target sample distribution is summarized in table (1-1) disaggregated by location and group (experimental or control).

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| --- |
| Table (1-1)Target sample distribution disaggregated by governorate |
| Governorate | experimental | control | Total |
| Qalubia | 94 | 50 | 144 |
| Gharbeya | 100 | 51 | 151 |
| Port Said | 100 | 50 | 150 |
| Beni Suef | 200 | 102 | 302 |
| Fayoum | 100 | 50 | 150 |
| Minia | 211 | 100 | 311 |
| Assiut | 195 | 100 | 295 |
| Sohag | 200 | 100 | 300 |
| Qena | 200 | 100 | 300 |
| Aswan | 210 | 100 | 310 |
| Total | 1610 | 803 | 2413 |

**Qualitative Methodology**

Research qualitative design employed methodologies of in-depth interviews, focus group discussion, community dialogues. Targeted were main stakeholders at centralized Cairo level as well as in decentralized NGOs in Upper and Lower Egypt. Targeted as well were youth of the age group of 12-18, and parents of the age group 20-45, in addition to community and professional leaders.

**Data Analysis**

1. Quantitative data:

Entered data (in excel sheets) were transformed to SPSS data file enabling cascade tabulations and descriptive and relational analysis of data with consideration to all study variables.

1. Qualitative data:

Revision was done to all retrieved field research papers of in depth interviews, focus groups discussions and community dialogues. All data was thematically classified and conclusive summaries with evidence quotations were done to perceptual trends or tendencies of target respondents regarding Program implemented multi-aspect topics.

**Sample Size**

1. 2,400 questionnaires were conducted with field respondents and distributed as follows:
2. Experimental group of 1,600 households:
	* 4 Upper Egypt villages in each of 6 governorates, with 50 households per village (1,200 surveys)
	* 2 Lower Egypt villages in each of four governorates, with 50 households per village (400 surveys)
3. Control group of 800 households:
	* 2 Upper Egypt villages in each of 6 governorates, with 50 households per village (600 surveys)
	* 1 Lower Egypt village in each of four governorates, with 50 households per village (200 surveys)
4. 188 questionnaires were conducted with Program NGO coordinators.
5. 2 collective meetings with sample NGO members in Upper and Lower Egypt
6. 20 focus group discussions with female and male youth of the age group 12-18. Groups composed of 8-12 participants. Ten (10) villages were covered (1 village per governorate).
7. 20 focus group discussions with parents of the age group 20-45. Groups composed of 8-12 participants. Ten (10) villages were covered (1 village per governorate).
8. 8 community dialogues involving groups of 20-25 participants including community and professional leaders (doctors, teachers, religious leaders, youth center officials, NGO members, natural leaders, etc.) from 10 governorates (1 group per governorate).
9. Direct researcher observations during field visits to survey locations, review of literature materials and assessment of relationships between all respective parties.

Table (1-2) illustrates that the sample percentage of males in both groups, experimental and control, is a third of the overall (31%), while females are two thirds (69%). Considering the age distribution of survey respondents, three groups were identified: 16-25, 26-35, and 36-50. Each age group in the control group constitutes almost one third of overall respondents (36%, 34%, and 30% respectively). Age distribution for females in the two groups is similar in terms of the first age group in all experimental and control villages. Slight differences exist however for other age groups between experimental and control groups, where females in the experimental group formed 32%, compared to 39% in the control group. Also, the 36 year old age group was relatively higher for the experimental group (29,3%) compared to the decrease in the control group (21,1%).

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| Table (2-1)Target respondents disaggregated by age, gender and group type |
| Age | Experimental | Control  |
| Male | Female | Total  | Male | Female | Total |
| 16-25 | 31.9 | 38.4 | 31.9 | 29.4 | 39.6 | 36.5 |
| 26-35 | 22.9 | 32.3 | 22.9 | 22.2 | 39.3 | 34.0 |
| 36-50 | 45.2 | 29.3 | 45.2 | 48.4 | 21.1 | 29.5 |
| Total | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 |
| % | 31,20 | 68,80 | 100,0 | 31,0 | 69,0 | 100,0 |
| Total | 502 | 1108 | 1610 | 248 | 555 | 803 |

# **Relevance to National Goals and Commitments, and Local Needs**

## Relevance to National Legal Commitments

The National Program for Female Genital Mutilation Combat and Family Empowerment generally meets the national constitutional and legal commitments in order to develop the situation of childhood and family in Egypt.

Based on the criminalization law for female genital mutilation, article 242 bis of the Penal Code, and in accordance with Egypt’s national commitment to international conventions: human rights and the abolition of all forms of Discrimination against Women and the Child Rights and the statement of the United Nations to intensify efforts to combat female genital mutilation by the United Nations General Assembly in December 2012, the National Program conforms with legislative and rights-based regulations intended for developing female and family conditions in Egypt.

According to the 2010’s Survey of Young People in Egypt, female genital mutilation prevalence decreased from 97.3% in 2000 to 84.6% in 2010 for women of the 15-49 ages, and 75.5% for girls of 10-29 ages. The referral notion of female genital mutilation to religious beliefs rapidly dropped from 72.6% in 2000 to 60.8% in 2005, and 49.1% in 2008.

It seems older generations are more responsive to female genital mutilation as 34.1% of girls aged 15-19, believe female genital mutilation should not continue, compared to 63.8% of women aged 45-49, in reference to the findings of the Demographic Health Survey for Egypt 2008. Finally, although such a practice has decreased over the past decade, non-medical practices remain most shockingly challenging. According to the 2010’s Survey, midwives or traditional birth attendants conducted 34.1% of operations compared to 57.3% of the cases that were conducted by trained medical specialists, either doctors or nurses or other health care Specialists.

The results of 2012’s Survey demonstrate that despite the low rate of female genital mutilation, there are still many families considering this habit a necessary procedure, and results showed that 64% of respondents of ages 15-29 believed that the practice of female genital mutilation is important or necessary, while 20.8% believed it is was unnecessary, and 15.3% were uncertain.

## Relevance to Overall Objectives of the National Population Council

**The program is in line with the strategic objectives of the council**

Program's objectives are identically relevant to Council’s role and mandate as of specialization in researching national demographic characteristics and coordination among multiple stakeholders for enabling family empowerment and diminishing potential risks that threaten Egyptian families. The National Program, additionally, seeks to empower families through combating female genital mutilation so as to enhance families’ future strategic vision achieved through raising the level of awareness of girls and family rights against domestic violent practices of female genital mutilation, early marriage, physical violence as well as other aspects. The program seeks to increase the demand for local health and education services for sustaining stable family lives.

## Suitability to social conditions of target households

**66% of family members in experimental areas are married and 30% are single**

In the beginning of the project, villages suffering the most from social problems targeted by the project were selected. Problems included poverty, illiteracy, lack of health care and over-population. Table (2-1) shows the proportional distribution of community members by marital status, demonstrating that about two-thirds (66%) of members are married compared to 29.4% that are single. The proportion of the divorced and widowed did not exceed 5%. The same pattern applied to both experimental and control groups, where almost identical marital status proportional distribution among members.

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| Table (2-1)Community members of disaggregated by marital status |
| Marital Status | **Experimental** | **Control** | **Total** |
| Married | 65.7 | 67.0 | 66.1 |
| Divorced | 1.9 | 1.6 | 1.8 |
| Widowed | 2.9 | 2.2 | 2.7 |
| Single | 29.6 | 29.1 | 29.4 |
| Total | 100.0 | 100.0 | 100.0 |
| Number | 1610 | 803 | 2413 |

## Education Status of target households

**25% of the family members in the target areas are illiterate**

The educational level of target family members is one of the most important characteristics usually combining specific attitudinal patterns and practices like female genital mutilation, marriage age determination, child raising methods, children enrollment into education, and overall health care.

**Figure (2-1)**

**Beneficiaries’ educational status**

In Figure (2-1), we find that the proportion of university graduates and above constitutes only 10% while 42% of respondents hold intermediate education levels, while about 17% of the total sample population has below intermediate education. We also find that the uneducated represent a quarter of study respondents (25%) while 11% can read and write.

## Employment status of target households

**Female unemployment in target areas reached 89%**

Figure (2-2) shows the proportional distribution of unemployment status of target households where two-thirds of the study population (68%) is unemployed. Female unemployment status is 89% and 11% only are employed. As for the employment of males, 78.5% are employed and 21.5% are unemployed (of which approximately 18.8% are students). One-third (33%) of those are government employed , 16% are employed in the private sector, 22% are self-employed, 11% work in agriculture, 12% are craftsmen, and 6% work in NGOs.

## Size of Target Households

**61% of households in the target areas have 5-6 family members and 21% have above 7**

Table (2-2) shows the proportional distribution of households by number of family members. Average household size is estimated as 5.18 members per family. Families are divided into three groups according to the number of persons: 1-3 members, 4-6 members, and above 7 members. Of the overall targeted sample, families composed of 4-6 members constituted 61%, families with three members or below formed 18%, and finally families of 7 members and above were 21%. Distribution proportions were found almost similar between experimental and control groups.

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| Table (2-2)Households disaggregated by size |
| Family Size | **Experimental** | **Control** | **Total** |
| 1-3 | 17.5 | 18.7 | 17.9 |
| 4-6 | 61.6 | 59.4 | 60.9 |
| 7+ | 20.9 | 21.9 | 21.2 |
| Total | 100.0 | 100.0 | 100.0 |
| Number | 1610 | 803 | 2413 |
| Average size | 5.17 | 5.20 | 5.18 |

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## The Proportional Distribution of Age Groups for target Community Children

**Two-thirds of family members are in the age group of 0-12 years.**

Table (2-3) shows the proportional age/gender distribution of children interviewed in households of the age group up to 18 years. Male children’s number exceeded females for a typical conventional pattern where the males frequency rate is usually 51% compared to 49% females. The proportion of children in the age group of 0-12 years is more than two-thirds of the sample, compared to children in the age group of 15-18 years which amounts to slightly less than one-third. This gives a good opportunity to protect nearly two-thirds of the sample in the case of the program succeeding in stopping female genital mutilation and promoting the empowerment of the family.

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| **Table (2-3)** |
| **Age groups for target community children** |
|  | Experimental | Control | Total |
| **Gender** |
| Male | 50.7 | 51.7 | 51.1 |
| Female | 49.3 | 48.3 | 48.9 |
| **Age** |
|  0-5 | 34 | 36.8 | 35 |
|  6-12 | 38.4 | 39.4 | 38.7 |
|  15-15 | 16.5 | 14.5 | 15.8 |
|  16+ | 11.2 | 9.4 | 10.5 |
| Total% | 100 | 100 | 100 |
| Number | 2497 | 1334 | 3831 |

Upon Talking to Upper Egyptian mothers during focal discussions, it was evident that despite their strong belief in the need for female genital mutilation and early marriage, a sign of hope lies in the young people and younger age groups, in general, who show a clear rejection or a hesitant attitude towards practicing female genital mutilation.

Some of the mothers remarked the following:

* “Girls should drop out of schools and her father should get her married, for schools are far away from the village and it is impossible parents allow her to travel for such longer distances.” (Says a mother from Sohag)
* “I never believed in female genital mutilation but I circumcised my older daughter. After I sat with the ‘*ablah’* (‘teacher’ in slang Arabic), at the Coptic NGO, I didn’t circumcise my younger daughter, but I am still worried.” (Says a mother from Minia)
* “Older generations like grandmothers and mothers in law should circumcise girls.” (Says a mother from Port Said)

The discussion with girls was more positive where it was very clear that awareness rates were higher than elders:

* “There is discrimination between boys and girls because families are very poor and usually choose to educate boys and not girls due to lack of financial capacities to educate both.”
* “Some people refer this habit to Prophet Mohamed’s preaches, which never happened. We studied at school that genital mutilation is prohibited in religion and that Prophet Mohamed never asked it and there is no verse in the Quran that states so.”

The young males showed clear reluctance regarding the decisions that had to do with the practice of female genital mutilation and the like regarding the empowerment of the family:

* “I honestly don’t know if I would choose a circumcised woman when i get married or not. My mother says it harms females but how can I be sure of such a case?” (Says a young man from Qena)
* “All families are disintegrated and we barely receive any awareness. These are my people and I love them but ignorance levels are very high, and recovering this requires many years of hard work.” (Says a young man from Assiut)
* “Harassment is very common here and lots of young men are unemployed and lack awareness. But it’s not right to do them any harm. We should rather raise their awareness.” (Says a young man from Qalubia).

91% of the coordinators added that the practice of genital mutilation rate has already dropped but there are still villages that need further awareness to have such a practice eliminated. Some urban areas nonetheless may suffer a much worse situation than rural areas. One of the monitoring officers has indicated that some of the other villages had enough workshops and awareness seminars that positively impacted the community and decreased genital mutilation rates, though not fully eliminated.

* “We think that we should start thinking of other areas that may need additional awareness, even areas other than the ones we serve. We are closer to communities and we see positive change in a lot people’s behaviors, though there is still some people who want to circumcise their daughters. Other areas as well definitely need our services.” (Says one of the monitoring officers in Upper Egypt and one of the youth coordinators)

# **Effectiveness of Program Activities Implementation and Results Achievement**

The National Program aims at combating female genital mutilation as well as all forms of domestic violence, in addition to raising awareness of due parental care, family educational and health rights and health rights so as to sustain more stable family lives. It is through this section that we identify program's successes in marketing initiatives and spreading awareness of harmful physical and psychological effects of female genital mutilation. This section also identifies program’s sources of information, services provided, impact on families and benefits gained. Effectiveness is defined as the measurement of the extent to which expected results are successfully achieved and whether the carried out activities were successful enough reach outcomes as a direct result of program contribution.

## Success in Mobilizing Program Mission and Initiatives

**90% of the families know the message of the National Program**

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| **Table (3-1)** |
| **Knowledge about Program Initiatives** |
|   | Control | Experimental | Total |
| Yes | 90.4 | 59.7 | 80.1 |
| No | 9.6 | 40.3 | 19.9 |
| Total | 100 | 100 | 100.1 |
| Number | 1610 | 803 | 2413 |

Table (3-1) displays the level of awareness of female genital mutilation combat and family empowerment program. 80% of the targeted sample is aware of the program and its objectives. This well demonstrates the success of the program in socially marketing itself. This percentage however varies between experimental and control groups. 60% of the control group knows about this program. This percentage increased to 90% in the experimental group community.

When analyzing the experimental group (Table 3-2), results indicate that most positive responses related to awareness of the National Program’s female genital mutilation combat and families empowerment by 99% in both Aswan and Sohag, compared to 54% for Aswan and 80% for Sohag in control villages. Minia reached 96% in the experimental villages compared to 45% in control villages. Qena experimental villages were 91% compared to 59% in control villages. 88.3% was reached in Qalubia, coming at higher percentage to 74% reached in control villages. Almost equal proportions were reached in Beni Suef, Assiut, 87% versus 47% and 69% respectively in the control villages. Awareness rates decrease to 80% in experimental villages of Gharbeya, Fayoum and Port Said Governorates, compared to even lower rates in control villages of the same governorates: 79% for Gharbeya, 38% for Fayoum and 54% for Port Said.

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| **Table (3-2)** |
| **Knowledge about Program initiatives disaggregated by governorate** |
| **Governorate** | **Experimental**  | **Control** | **Total (%)** |
| **Yes** | **No** | **Yes** | **No** | **Yes** | **No** |
| Aswan | 99.00% | 1.00% | 54.00% | 46.00% | 84.50% | 15.50% |
| Sohag | 99.00% | 1.00% | 80.00% | 20.00% | 92.70% | 7.30% |
| Minia | 95.70% | 4.30% | 45.00% | 55.00% | 79.40% | 20.60% |
| Qena | 91.00% | 9.00% | 59.00% | 41.00% | 80.30% | 19.70% |
| Qalubia | 88.30% | 11.70% | 74.00% | 26.00% | 83.30% | 16.70% |
| Beni Suef | 87.00% | 13.00% | 47.10% | 52.90% | 73.50% | 26.50% |
|  Assiut | 86.70% | 13.30% | 69.00% | 31.00% | 80.70% | 19.30% |
| Gharbeya | 80.40% | 19.60% | 79% | 21% | 79.50% | 20.50% |
| Fayoum | 80.00% | 20.00% | 38.00% | 62.00% | 66.00% | 34.00% |
| Port Said | 80.00% | 20.00% | 54.00% | 46.00% | 71.30% | 28.70% |
| Total | 1455 | 155 | 479 | 324 | 1934 | 479 |
| Percentage | 90.40% | 9.60% | 59.70% | 40.30% | 80.10% | 19.90% |

## Diversity of Awareness Raising Information Sources

**Television and direct meetings with social researchers are the two primary methodologies for increasing awareness**

Multiple were the methodologies for increasing awareness of program message in the targeted population (Table 3-3). Television was the main source of awareness increase in both experimental and control groups in general by 46%. Coming second was holding seminars and having social researchers and facilitators directly interact in target communities (40%). Followed were religious leaders like sheikhs of mosques or church priests by 5%, health units and medical convoys by 4%. Awareness sources varied however in percentages between experimental and control groups. While the main contributing factors for experimental groups were NOG’s held seminars with the assistance of social researchers and facilitators by 47%, television by 40%, religious leaders by 6%. In control groups, on the other hand, TV was found the main source of awareness by more than 70%, followed by NGOs by 13.5%, and finally neighbors and relatives who were instrumental in extending program messages by 10%.

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| **Table (3-3)** |
| **Sources of knowledge about Program initiatives** |
| **Source** | **Experimental** | **Control** | **%** |
|  TV  | 39.7 | 70.8 | 45.7 |
|  NGOs /social workers/workshops | 46.9 | 13.5 | 40.4 |
|  Health unit/medical convoys/doctors  | 3.8 | 2.6 | 3.6 |
| Neighbors/relative  | 3.2 | 9.8 | 4.5 |
|  Sheikh/priest  | 5.9 | 2.1 | 5,1 |
|  School | 0.5 | 1.2 | 0.7 |
| Total | 100 | 100 | 100,0 |

## Awareness Seminars Achieved Results

### **Mobilization Sources of Awareness Seminars**

**80% of the families know about seminars through NGOs**

By asking participants about the source of knowledge about the seminars (Figure 5-1), almost 80% said NGOs. 4.8% chose health units. Community leaders represented 5%. 4% of the target sample reported that religious leaders were the source of knowledge of such seminars. It is noted however that the youth centers and schools represented almost the same percentages of 2.7%.

### **Community Participation in Awareness Seminars**

**83% of women participated in seminars**

This section presents the participation level of women in seminars for family awareness of female genital mutilation combat and family empowerment. Figure (3.2) highlights the percentage of households participating in seminars in target villages as 83%. Disaggregated by gender, females were found participating more in these seminars by 90%, versus 68% for males.

### **Topics of Awareness Seminars**

**Female genital mutilation combat is more frequent in awareness seminars (40%), followed by early marriage disadvantage (11%)**

Participants have been asked about the topics that were discussed in seminars and table (3-4) arranges topics hierarchically with classifications of male vs female participation, as well as age groups. Results show that female genital mutilation combat is one of the most engaging topics (40%),followed by early marriage disadvantages and value of education (11.5%), followed by personal hygiene (7.1%), sound child raising (6,6%), reproductive health and marital issues (5%), pre-marriage medical examination necessity (6%), medical examination and follow-up necessity during pregnancy, childbirth, family planning (4.8%), child health and nutrition and breastfeeding awareness (4.1%). Although awareness seminars have raised key family empowerment topics, like the value of education and methods of sound child raising, hygiene and proper nutrition, the percentage for all these topics remain incomparable to those relating to the core topics of female genital mutilation combat.

Participant results do not vary much by gender or by age group. Results show that male involvement in the topics relevant to female genital mutilation combat was slightly more (42%) than females (40.5%). This is considered a positive point for supporting such a program gender sensitive topic. Male participation increased as well for topics relating to pre-marriage medical check (7.5%) compared to females (5.3%). Female participation on the other hand in personal hygiene was bigger (8.2%) than males (5.6%).

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| **Table(3-4)** |
| **Participation in seminar topics disaggregated by gender and age** |
| **Seminar’s subject**  | **Gender** | **Age group** | **%** |
| **Male** | **Female** | **16-25** | **26-35** | **36-50** |
|  Female genital mutilation | 42 | 40.5 | 36.7 | 41 | 39.8 | 40,0 |
|  Early marriage | 10.4 | 11.8 | 13 | 11.7 | 10.4 | 11.46 |
|  The importance of education | 12.4 | 11.2 | 12.5 | 10.2 | 10.7 | 11.44 |
| Personal hygiene / hygiene | 5.6 | 8.2 | 7.6 | 7.1 | 7.4 | 7.18 |
| Sound education methods and renounce violence / adolescence | 5.8 | 5.1 | 5.5 | 6.4 | 7.5 | 6.06 |
| Proper nutrition | 5 | 6.1 | 7.5 | 5.8 | 6.8 | 6.24 |
| Marital relations and medical examination before marriage | 7.5 | 5.2 | 5.8 | 5.5 | 6 | 6 |
| Follow-up during pregnancy and after birth / family organization | 3.5 | 5.3 | 4.2 | 5.6 | 5.5 | 4.82 |
| Breastfeeding and child health | 3.2 | 5.4 | 4.6 | 4.3 | 3.4 | 4.18 |
| Disabled Care / Health Care | 1,0 | 1.1 | 0.9 | 1.2 | 1 | 0.84 |
| Do not remember | 4.6 | 0.1 | 1.7 | 1.2 | 1.5 | 1.82 |
| Total | 100 | 100 | 100 | 100 | 100 | 100 |

As for mothers reaction and persuasion level of women during awareness sessions, most of them reported the great benefit they had through the diverse topics relating to their daily lives. They got to know what they wanted and helped reduce their for-granted trust in traditional information sources.

* “We were made aware of many viral diseases and their causes” (Says a woman from Luxor)
* “We asked all we wanted and stopped keeping ignorant though we are usually shy to ask about many things”. (Says a woman from Fayoum)
* “The doctor spoke to us about breast diseases and we learned how to investigate its symptoms and visit the doctor before taking any medications when feeling sick” (Says a woman from Gharbeya)
* “I understood that this issue arises from the brain not the organ cut. The brain gives the signal” (Says a woman from Gharbeya)
* “She taught us how to develop micro help our husbands assist us” (Says a woman from Assiut)

Upon asking men, however, about awareness of such topics, many of them reported that women benefitted more because they had greater willingness to apply what they have learned and the knowledge they acquired. A smaller percentage of men however indicated that there are some topics that they wanted to learn or acquire more knowledge of, but they prefer to be delivered through religious institutions the trust the most, rather than NGOs. Men requested additional seminars on topic like:

* “Child raising methodologies within families” (Says a father from Gharbeya)
* "Birth control” (Says a father young man from Port Said)
* “Adolescence " (a young man from Sohag)
* “Combatting domestic violence, addiction and liver viruses. Our children are now adults and we worry about them very much” (Says a father from Qena)

### **Venues Hosting Awareness Seminars**

**63% of seminars were hosted in participant NGOs**

Table (3-5) demonstrates the proportional distribution of venues hosting awareness seminars. Most seminars were held in participant NGOs, hosting around 63% of recipients, followed by houses (13%), youth centers (10%), health unit (4%), schools (2,3%), and finally social affairs offices (1.8%).

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| **Table (3-5)** |
| **Awareness seminars’ locations** |
| **Location** | **% of participants** |
| NGOs  | 63.2 |
| Family house | 12.6 |
| Youth center | 9.7 |
| Religious institute  | 6.6 |
| Health Unit / clinic | 3.7 |
| School / Library / House of Culture | 2.3 |
| Social Affairs | 1.8 |
| Total | 100 |

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| Table (3-6)Awareness seminar administrators’ types  |
| % | **Administrator** |
| 58.4 | Officials in NGOs |
| 10.5 | country community officers |
| 7.4 | University professors |
| 7.2 | physicians |
| 6.0 | Program managers |
| 4.5 | Community leaders |
| 3.8 | Clergy men |
| 2.3 | Don’t know |
| 100.0 | Total |

### **Administrators of Awareness Seminar**

**58% of NGO staff lecture in awareness seminars**

Table (3-6) represents the distribution of NGO staff lecturing by the greatest percentage of 58%. Hence the evaluation team recognizes the importance of providing NGOs with necessary information and skills to deliver awareness in the best manner. When it comes to participation in awareness sessions, university professors and physicians ranked directly next to NGO officials (14.6%), while community leaders comprised around 11%, managers (6%), community leaders (4.5%), and clergy men (4%).

### **Application of Skills Acquired Through Awareness Seminars**

**Women (64%) surpass men (32%) in applying the knowledge they gained**

Table (3-7) shows that at more than half the participants in awareness seminars (56%) applied the knowledge they gained, and more than one third (36%) randomly applied this knowledge. Whereas around 5% of participants did not apply the knowledge gained at all, and finally 4% rarely applied it.

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| **Table (3-7)** |
| **Application of skills acquired from awareness seminars** |
| **Seminar subject** | **Gender** | **Age Group** | **Total** |
| **Male** | **Female** | **16-25** | **26-35** | **36-50** |
| Always | 31.6 | 64 | 50.4 | 61.9 | 55.6 | 55.7 |
| Sometimes | 42.1 | 33.4 | 40.5 | 33.5 | 32.5 | 35.6 |
| Rarely | 9.6 | 1.5 | 2.5 | 2.4 | 5.7 | 3.6 |
| I don’t apply | 16.7 | 1.1 | 6.5 | 2.2 | 6.2 | 5.1 |
| Total | 100 | 100 | 100 | 100 | 100 | 100 |

Comparing males to females, females were found twice as larger in eagerness for knowledge application (64%), than males (31.6%). 42% was the percentage of females who sometimes applied it compared to males (33%). 1.5% of females rarely applied it, compared to males (10%). 17% of males however reported not having applied the knowledge at all, compared to females (1%).

As for the comparison using age groups we find that the age group between (26-35) is always most keen on application, with a percentage reaching 62%, followed by the age group of (36-50) with a percentage of 55.6% and finally the youngest age group (16-25) at 50.4%.

### **Preference Methodologies for Awareness Raising**

Table (3-8) shows that large seminars are thebest way to raise local community awareness with a percentage of around 79%, whereas 33% of the community involved in the study sees that small awareness sessions are the best way followed by household visits at almost 24%. The percentage decreases noticeably when it comes to medical convoys (9.5%), posters/videos (8.2%). Religion lessons is only at 4.8%. Through asking coordinators about the best methods of transferring awareness messages and local community outreach, the percentage of those who reported that seminars are the most effective is 76.4% and the percentage of household visits and small sessions were nearly 27%. The coordinators also added that sessions with organic leaders has a huge effect on convincing families, followed by schools with 6%.

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| Table (3-8)Awareness raising methodologies |
| % | **Lecturer** |
| 78.8 | large seminar |
| 33 | Small awareness sessions |
| 24 | Door-to-door visits |
| 9,5 | Medical Convoys |
| 8.2 | Flyer/poster or video films |
| 4,8 | Religion Lessons |

## Family Services and Community Initiatives Achieved Results

This part shows the community initiatives and family services provided by the program in the target villages. Figure (5-3) shows the percentage of people receiving program’s services through NGOs participating in the execution reached 64%, while those who didn’t are 36%.

### **Diversity of Community Services Types**

Most women in Upper Egyptian governorates pointed out that NGOs have provided them with many educational, health and environmental services as well as helping them provide family income generating projects, and these services where less pronounced in lower Egyptian governorates. The association’s great interest in health issues was evident through the discussion.

Many women form Aswan Governorate have praised the health services provided by NGOs whether it is by providing medical convoys, providing physicians or free medical treatment. Women form Assiut governorate have also supported the benefit they got as the organization has facilitated paying for goods through installments (empty gas cylinders, fans, washing machines, etc…). The organization also issued national ID cards for men and women as it also assisted in providing several houses with drinking water.

As for young girls, In addition to what women mentioned about the different services provided which will benefit not only them but also all family members, girls specially from upper Egyptian governorates have elaborated through discussions on the attention they received as most young girls in the governorate of Fayoum pointed out the following.

* “They organized religious contests and painting activities and they made paintings and prizes and it is enough that they organize seminars for us and get us to know things we wouldn’t have known anywhere else”
* “They brought Kid’s toys for schools and nurseries… Let the children be happy”
* “There is a school here called “Omar El-Fouly” that has a kindergarten section and of course basic education.. They established a nursery and they also established a puppet theatre for kids”

All young girls from Fayoum governorate mentioned that the organization has provided educational scholarships and has helped unable newlyweds. They also provided medical convoys for free medical checkups in all specializations at the church. Most girls expressed that the organization has helped renovate houses and build roofs and bathrooms. They also provided medical convoys at the church for free medical checkups.

Young girls from Aswan, Sohag and most girls in Qena governorates unanimously agreed to many of the services provided like health services, Skills training, providing aid for needy families, distributing school supplies, organizing trips for youth, organizing a sports day and many more.

As for the As for youth from the lower Egypt in Qalubia and Gharbeya governorates, Some of them pointed out the different services provided by the organization such as eradicating illiteracy, helping families, tutoring, preparing leaders, first aid courses, providing medications for minimum fees, whilst all youth from Port Said governorate elaborated that there are no services.

### **Families Benefiting from Services and Initiatives at Governorate Level**

**Upper Egyptians share more program service benefits than Lower Egypt.**

As figure (2-3) shows, the percentage of households benefiting from the program’s services varied among governorates. The share of Upper Egypt is much higher than that of Lower Egypt, except for Fayoum governorate. Sohag and Aswan have received the larger share of services as the percentage of benefiting households is around 85% and 79% respectively. Aswan and Qena governorates have had equal shares of 67% whilst Beni Suef governorate was just below them at 63%. The governorates of Minya, Port Said and Qalubia came close to a great extent as the percentage of benefiting households was 55%, 53%, 51% respectively. Finally the share of Fayoum and Gharbeya governorates was the least in percentages by 46% and 41% respectively. It was unclear from the evaluation results the criteria that NGOs used for conducting their community initiatives or household services or amounts allowed to be spent on services. Most households, however, reported that services provided to them coincided with their actual priorities or the community in general and was within allowed budgets.

Many girls from Beni Suef governorate have agreed that their households do not give them the opportunity to practice any hobbies, where parents believe that young girl have household responsibilities. Such statements show that the local community needs to develop awareness when it comes to equality in opportunities between young girls and boys and focusing on empowering young girls and women.

* “We want seminars about freedom of practicing hobbies and they should provide us with a special room to practice our hobbies instead of parents blocking those hobbies and they would tell a girl
* “What hobbies! You’re a girl and you don’t have time for this nonsense”.
* “Even though we have a lot of talent such as one girl that can draw and the other sews and there are also ones who are talented in reciting poetry. In a nutshell we need a talent school in the village of Ashmant”

What is worth mentioning is that the community, even though it does not acknowledge the right of young girls in some activities and hobbies, is aware of the importance of young girls education and such issue was supported almost unanimously by women who pointed out their point of view below:

* “Even if there is no money the girl should learn as the boy can learn a craft but the girl would not able to learn a craft to work with, and most women agreed” (Says a women from Minia)
* “An uneducated women would not definitely be able to tutor her kids, and all keep uneducated’

### **Proportional Distribution of Households Benefiting from Services Disaggregated by Monthly Income Rates**

**58% of families served by the Program are under poverty line**

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| Table (3-9)Families benefiting from Program services disaggregated by monthly income |
| Income | **%** |
| Less than 1000 pounds | 57.8 |
| 1001-1500 pounds | 19.4 |
| More than 1500 pounds | 22.8 |
| Total | 100.0 |

Table (3-9) shows that participant NGOs have helped the program target the poorest households to receive services. The percentage of poor households with monthly income of less than a thousand pounds is 58%. 19.4% are households with monthly income above 1000 pounds and less than 1500 pounds. While the percentage of households with monthly income above 1500 pounds is around 23%.

As for services that benefitting households, table (3-10) shows those services. The larger portion of it is health care services for over 40% of the community, whereas the program has trained almost 19% on skill based jobs. Around 11% have received nutrition aid whether in cash or kind. 10% of the people benefiting from the program received loans. The program also helped supply water and enhance village houses by around 9% of households. 4% of households with children have received educational scholarships. NGOs participating in the program have produced national ID cards for 1.8% of the community besides other diverse services at 3.3%.

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| Table (3-10)Types of services obtained by Program beneficiaries |
| Type of service | **%** |
| Health services | 42.6 |
| Vocational trainings | 18.9 |
| Financial/nutritional aids | 10.6 |
| Loans and advances | 9.9 |
| Contribute to the water access and improving houses | 8.9 |
| Educational Scholarships | 4.0 |
| Issuing ID cards | 1.8 |
| Others | 3,3 |
| Total%  | 100.0 |

### **Effects of Services Provided to Target Beneficiary Households**

**84% of people benefiting from these services reported that it has positively affected their life**

Evaluation results have shown that 83.8% of households benefited from community initiatives and household services reported that these services have positively affected their life. Whereas almost 16% of households said that the community initiatives affected society as a whole but they did not feel any direct effect on their personal lives.

With regards to the households that reported the positive effect of the program’s initiatives and services, table (3-11) shows the relative distribution of this effect on the households benefiting from Program’s services. The most prominent results are enhancing health conditions of almost half the people benefiting from the program at 51.3%, and enhancing the economic situation of almost quarter the households at hand 23.7%. Household children benefited from the educational services at 16.6%. Finally, around 6% of households benefited from enhancing sewage system.

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| Table (3-11)Effects of provided services on target community |
| Type of service  | **%** |
| Improve the health status | 51.3 |
| Improve the economic situation of the family | 23.7 |
| Improving the educational status | 19.6 |
| Improve sanitation | 5.9 |
| Total | 100.0 |

### **Shortage of Basic Services Availability in Target villages**

Conversations with many households from different governorates showed that local communities suffer from the lack of services and declining delivery quality, taking into consideration the total absence of some services from many districts. What we specifically focus on here are the health and educational services, as the discussions with households led us to other facts.

* As for health services they said:“ The danger we face in the village is one we cannot see but it still harms us, we face the problem of viruses spreading and environmental pollution.” (Says a girl from Qena)
* “Many people go to private clinics and the villagers do not resort to the health unit due to the unavailability of doctors in allot of times.” (Says a man from Minia)
* “The hospital does not have the capabilities and the equipment is not sterile, which means a woman can give birth without finding an empty spot. Not to mention the lack of sanitation. As if the poor don’t have the right to live!!” (Says a woman form Gharbeya)

And about the educational services they said..

* **“**Children jump over the school fence with no supervision. Nobody directs children.” (Says a young man from Qena)
* “Teachers don’t teach. They sit in classes for planning private lessons.”

# **Efficiency of Program Activities Implementation and Results Achievement**

Measuring the efficiency of the program’s activities implementation and results realization is the third mid-term evaluation standard intended for making sure available resources (human, financial or organizational) are used to the maximum benefit of the organization. Efficiency is measured by comparing program’s outputs with respect to investments made to achieve planned results.

## Demographic Characteristics of Field Work Teams

**Over 90% of field teams are females and 63% are over 30 years old.**

Number of survey respondents reached 188, mostly females (91.5%). Less than one tenth were males, representing only 8.5%. The team found this biased to females which can affect gender outreach and involvement with frequent declined participation cases of men.

As for coordinators, the age group of above 30 year olds had the largest percentage (63%), and the age group of 25-30 had a percentage of 26%. The youngest age group however (18-24), had the smallest percentage (11%). This distribution is seen to be program’s best interest, as the middle aged group gives credibility to program’s awareness message and increases the chance of better handling to field problems. It also helps enhance relationships with both governmental and non-governmental partners at basic levels.

The presence of younger age groups (18-24) helped immensely communicate with younger age groups which created honesty without any barriers, especially in the presence of many sensitive issues with young men in villages.

Experiences of coordinators were well compatible with different age groups in respect to handling similar awareness topics. 47% of respondents reported that their experience was over 10 years. Others with 1-3 experience years formed 34%. Those with experience of less than one year were only 19%.

**86.7% of the field teams are country side residents and 70% hold medium educational qualifications**

As for the residential areas of coordinators, 86,7% are country side locals, which seems logical as the program is executed in the rural areas where the female genital mutilation practice is at higher rates than urban areas’. The presence of coordinators in rural areas helped them understand the culture of the environment they worked in, with frequent mutual understanding. This is in addition to proximity and ease of communication with coordinators and facilitators at any time.

And finally with regards to the level of education, two thirds of coordinators (69%) are holders of medium and above medium educational qualifications, while 24,5% are university graduates. Only 2,7% can only read and write. Higher degree holders represented 3,8% from the total number of coordinators.

## Division of Labor and Responsibilities among Fieldwork Team Members

**Integrated division of labor among staff and the good distribution of roles lead to rationalization of resources and maximization to efficiency.**

The program team was divided into four interconnected basic level teams with tasks and responsibilities complementing one another. Swift harmony was detected between program technical management at Council headquarters and executive field management in program governorates, best reaching out to local communities. There are four levels for the implementation and follow-up of the program, namely:

1. The program governance and pursuit of strategic results

2. Technical management, networking and follow-up results level

3. The level of technical support and follow-up performance

4. Level of community outreach and dissemination of knowledge and follow-up activities

**Figure (4-1)**

**The division of responsibilities and tasks between team members in the field**

The team division goes in line with the levels of results required to achieve integrated program sides, including the governance, technical and financial management, political, legal and media support and quality assurance, as well as networking with national and international authorities. In addition to the Steering Committee which consisted of several organizations of local and international types.

Then comes the supervisory level and that it substantive follow-up tasks to keep track of field work results achieved and the provision of technical support and also networking between the central and local levels. Then comes the technical field support level which is carried out by the followers in their relationship with the coordinators who do their part to extend its network of field relations with youth centers, schools, health units, religious and other institutions. They also organize seminars and stimulate community participation and management initiatives directed towards households and community services for families, besides doing collective or home visits.

## NGO’s Communication with Target Beneficiaries

### **Reach Out to Community and Field Work Mobilization**

**The success of the NGOs in diversifying the means of community outreach**

The program has succeeded in mobilizing its activities among the ten target governorates, in partnership with civil society organizations that enjoy high degrees of confidence and efficiency accessing most community groups using the media besides other different means of awareness like:

• Awareness seminars

• Medical education meetings

• Skill training for youth

• Clerics exercises

• Drills for the leaders and facilitators

• Meetings to raise awareness in schools

• Medical meetings for officials

• Meetings to raise awareness in schools

• Citizenship meetings for young people

87% of field coordinators reported that public forums have the highest impact on families. There was also consistency of all research tools employing quantitative and qualitative research methodologies, as evident in the findings of target household responses. 49.8% reported that home visits are a positive influence and useful community outreach in the first steps of community outreach, but must be coupled directly with more public meetings and seminars. Mass gatherings in homes or in public institutions were the third choice of coordinators in the terms of effect (41%), plus meetings in medical convoys. Coordinators have pointed out that the medical convoys are not only used for awareness reasons, but also for provision of medical services to households, earning their trust and magnifying impacts.

By analyzing field team’s responses starting with NGOs, followers and coordinators, challenges were found by the evaluation team as follows:

* More than 81% of coordinators reported that the reluctance of grandmothers is one of the biggest challenges they face in the process of persuasion. Men, however, are found to have less stubbornness degrees either as parents (31.4%) or young men (12.3).
* 60% of coordinators reported conflicting with religious traditions relating to the legitimacy of female genital mutilation.
* 44% of coordinators reported that media statements are also posing conflicting challenges with religious leaders disagreeing to combating FGM.
* 23% of coordinators reported that government agencies require tedious actions or approvals which increases combined administrative complexity and routine work.
* Only 11% of coordinators reported that policies and laws represent difficulties for them. Yet the size of these difficulties diminishes compared to other difficulties as the legal aspects are gradually backing up this issue especially great efforts exerted by program management in coordinating with Attorney General's Office and the Ministry of Justice towards the issuance of legal criminal acts for practicing female genital mutilation.
* Finally, 5% of coordinators pointed out that the difficulties lie in the lack of coordination between the partners on the local level and not on the national level.

## Networking and Enabling Local Partnerships

**Strong coordination with the departments of health, education and weak coordination with the Conservative offices and national councils**

**Coordination with Governors’ offices**

Results of the evaluation indicate that the support given from governorate offices was weak and unclear and may depend on personal relationships rather than on the existence of organized and documented relationship that officially places burdens of political support at governorate offices. This support inevitably needs to be strengthened. There is no coordination to deliver messages to the conservative families, as there is no direct relationship with officials in the council branch. Hence, it becomes the responsibility of the supervisor to conduct all kinds of partnerships at all levels.

* The idea of a village free from female genital mutilation was a better idea, where it helped the existence of an issue everyone would care about. But they need a strong political ally who would treat it as a public issue, and then the conservatives will get motivated to take a positive move ahead.

**Coordination with the departments of Health and Education**

The fieldwork team is exerting great effort to develop ways of cooperation with each of the directorates and departments of health and education. The directorates of Health are responsible for the medical field convoys that provide medical services for families as well as raise awareness against FGM. In addition, cooperation with Directorates of Medicine is essential where there is great demand from the public on the directorates and can be utilized in awareness against FGM and family empowerment.

As for the coordination with Departments of Education, it makes it easier to get access to schools and help raise awareness through seminars to teachers, social workers and students in all levels of education. However, it is worth noting that most of these activities take place in a "personal" and not contractual, nor regulated framework with a clear distribution of roles. We can state that cooperation with these parties has no clear mechanism and is rather rooted via personal relationships. Some are in formal and professional contacts and joint cooperation coordination. Most of the researchers have stated some of the requests from schools like:

"There is a need to negate the decree forbidding NGOs from access schools for reach out. (Says an NGO official)

"There is strong coordination between local police and the program. Some schools would do the same thing in cooperation with the program, but the program needs to conduct workshops for police officers and introduce them to the field work as well relevant legality issues." (Says a field observers)

**Coordination with National Council for Childhood and Motherhood (NCCM)**

The relationship between the program and the NCCM is almost inexistent and it has been reported by one of the researchers that the topic of FGM has been crossed out from the advertisements of Hotline-16000. Not to mention protection committees meetings which do not include the national program representatives or NGOs to mobilize project objective and activities.

**Coordination with National Population Council (NPC)**

Evaluation results indicate that knowledge of NPC staff, especially field offices that are located in Upper Egypt, are relatively limited regarding FGM/C, girls’ rights and family empowerment issues. The National Program for Combating FGM/C and Empowerment of Families has enhanced its collaboration with the National Council for Population to enhance the knowledge and skills of NPC offices throughout the 27 Governorates on FGM and related issues. The aim was also to ensure that all NPC staff has positive attitudes towards combating FGM/C and that they are supportive to the cause as equal as to the taskforce of the national Program. The program conducted six comprehensive workshops for NPC Offices along a period of 7 months. The objectives of the capacity building were as follows:

1. Improving their skills of NPC offices in expanding the outreach of their programs to reach the vulnerable families, thus those who have girls at early age to raise their awareness on girls’ rights and to enhance community knowledge on risks and ills of FGM/C, early marriage and violence against children
2. Building the capacity of the NPC workers & specialists from different governorates on the family empowerment and reproductive health.
3. Coming up with M&E system to measure the impact of implementation on the target communities (depending on the results based management)

Joint meetings were conducted between the National Program and the NPC key officials to align programs in the direction of including FGM as one of the national issues that NPC is supporting and advocating for on different levels and channels. This came to materialize in the new strategy of Combating FGM/C as well as on the strategy of the development of NPC produced in 2014. It is worth mentioning that NPC has launched a strategy in 2015 on “Stopping Early Marriage” which reflects the shift in the trend of the NPC policies and programs towards the rights based approach and towards promoting the rights of the girls and families at large.

Some of the researchers mention the importance of developing coordination mechanisms with NPC in order to include the program in the agenda of the regional meetings. There is a big room to enhance collaboration with the NPC and to utilize its resources in the different governorates including local databases, training halls, printers, etc., they are not being fully utilized. Both the NPC and the National Program for combating FGM/C indicated that they consider harmonizing efforts during the coming year 2015-2016.

## Building Capacities of Program Team Members

**Limited opportunities to building capacities NGOs and supervisory units**

NGOs reported that the National Program for FGM Combat and Family Empowerment does no longer provide them with opportunities on development of knowledge or improving their skills. This had a negative impact on their performance or weakens. Most of workers have strong knowledge about FGM, early marriage and reproductive health issues. They, however, believe they need to focus on other topics like:

* Protection against risks of drug use for youth
* Prevention of hepatitis C virus
* Sexually transmitted diseases (STDs)
* Citizenship
* Proactive thinking

As for skills, participants reported their need to develop more kills on:

* Monitoring and Evaluation
* Reporting
* Advocacy and media campaigns
* funding proposal writing and mobilizing resources

Responses indicate that they have participated in meetings concerning the subject of FGM combat, which provided them with excessive knowledge. With regard to the topic of family empowerment, it was clear that NGOs varied in their definition of what falls under family empowerment. Most of the NGOs focus on economic empowerment and the importance of education for family members. As for developing skills and in particular management skills such as planning, monitoring and reporting, it has concluded that societies need work on this aspect. It is also worth noting that the topic of proposal writing and mobilization of resources came on the priority list of all NGOs to ensure sustainability of the program. This is because some NGOs were receiving funds for the program for more than 9-10 years and therefore fear the funding would seize at any time, risking sustainability of programs. In a related note, NGOs have indicated topics that the program offered to stimulate them and positively change the attitudes and practices of the society is becoming a positive part of their awareness, thus the funding of the Council is becoming supportive and not core for the survival of the program. Such a model should be adopted by all participant NGOs.

More than 30% of participants showed interest in the importance of exchanging expertise and visits between governorates. This would be a mechanism to benefit from other experiences and learn positive and successful lessons of other NGOs in utilizing resources and to strengthen the efficiency. Some questioned:

* "Why do not we hold an annual conference featuring all NGOs and partners, as we were doing before?"
* "We used to meet many local and international partners and benefit from them a lot, but now we do not even meet other NGOs except by coincidence."
* “Joint partnerships were a source of happiness for all of us. It was indeed good knowledge for us."

The evaluation team recommends development of a simplified strategy to build knowledge and skill capacities, on-job trainings, trainings with sharing experiences, exchange of visits, studying successful stories, and hold annual and periodic meetings.

From conversations with the monitoring team on mean of building capacities, we have found it does not differ much from NGOs perspective. It could be that the coordinators and facilitators have better luck in training, whether individually or in groups, but the final outcome is to increase the demand for training and investment in current work force on the implementation of the program. The monitoring group mentioned the topics they see as a priority, which were similar to the ones reported by NGOs like:

* Results-based management
* Monitoring and evaluation
* Community monitoring
* Partnerships and linkages
* Resource utilization/management

**Technical and Skills Efficiency Preparation for Fieldwork Team**

Although the initial results reported that the technical preparation of the social workers was biased to some extent to the issue of FGM, however, there are other topics on which the coordinators were trained on. These topics relate to family empowerment such as childcare increased by 86.5% and reproductive health 85% and early marriage 85%. However, it has not been reflected on families, as the proportion of representation of sex education seminars or family decreased by 5% and representation of childcare decreased by 6% (Figure 4-2). The issues of domestic violence or violence against children and proper nutrition severely decreased to the negligible figure with respect to training coordinators and thus completely stopping family seminars on domestic violence and violence against children. This is represented in the increase of domestic violence, as reported by one-third of the surveyed families 33.3. The percentage of violence against children reached up to more than 50% sometimes and 38% all the time.

## Use of Financial Resources

More than 90% of NGOs and monitoring officers objected the financial transactions process and late arrival which affects timely performance and functionality of the program. Some NGOs have reported they do not implement any activities prior to the arrival of payments, and thus leading to loss of business and credibility with partners. The Organizers of the program have pointed out that the current support is from of international donor organizations being directed to NPC directly, and not directly to NGOs where the financial transactions takes longer time to reach NGOs. This is a system that international donor organizations abide by and the program has to comply with. However, faster process in transfer of funds is demanded to recover any obstacles. Some also stated that a lot of resources are being spent on the media and funding national entities, while not penetrating to the field level except on a figure that enough for the expected level of results.

## Monitoring and Evaluation Operations

The fieldwork team collects data on a regular basis, monthly, quarterly, and annually based on the activities to be monitored which are then compiled in one annual report. The program is making effort in conducting multi-up operations on different levels, all working hard to collect data led by a qualified and efficient team. Though, the extensive data collected periodically from the local community are not being employed optimally. One of the main reasons for properly employing data is that it is collected on the level of activities and are measured based on specific indicators where analytical relationships can be tracked to measure performance progress towards planned milestones and objectives. The council is currently seeking to develop the monitoring plan of indicators at the field level. The findings are to be reported to decision makers on regular basis, which can have a positive impact on the political support for the program. The program has succeeded in using local findings in the media product that reflects the reality of the situation, whether in the form of cartoon infographic film, video film, books or talk shows.

Regarding the flow of information from the top to bottom approach of the managerial pyramid, more than 60% of the NGOs requested that the information to be shared on regular basis and not only at the time of formulating the program plan and updating the annual plan. For example, many NGOs need access to FGM researches or educational and cultural videos that could be used with the target communities.

The evaluation finding indicate that the program has a mechanism for reporting findings, however, there is great potential in improving the mechanism of design of the report, its content, the reporting period or the quality of analysis and not only listing the implemented activities. The percentage of people who stated they are preparing reports is 91.8% and 8.2% of the coordinators do not prepare reports but they report verbally to the monitoring officers. Out of the 91.8%, we find that monthly reports reach a percentage of 53.8% while the percentage of weekly and quarterly reports are 19% each.

## Investment in Building Youth Champions

### **Investment in Youth Group Formations in Advocacy to Female Genital Mutilation Combat and Family Empowerment**

The National Program for FGM Combat and Family Empowerment adopted an integrated multidimensional approach in launching local and national awareness. The approach seeks to create an enabling environment facilitating elimination of the practice through the engaging of the whole community: civil society and the media, religious leaders, policy makers, NGOs, professionals, doctors, journalists and judges. This contributed to the formation of coherent networking among government bodies, civil society, and international organizations.

Despite the aforementioned, the youth groups were not as strong as the other categories, although the youth group proved success in the first phase of the program. In addition, highly qualified, skilled and prepared youth were present during the first phase of the project who can be utilized directly or refreshing their knowledge and skills and to use them in different areas, whether rural or urban. From a number of meetings with the youth, they are proven very promising and could be a strength point in achieving results, especially that they have flexibility in cooperation with social institutions, including NGOs, schools, universities, youth centers, youth camps, cultural centers, and other cultural institutions that contribute towards community awareness against FGM and the empowerment of the family with the use of volunteers.

Some of the main requirements for reincorporating the youth component in the program are:

* The need to integrate the youth component in annual planning and not sporadic activities for constructive enhancement of program vision and plan. The four youth individuals could be employed furthermore to develop a database.
* The existence of regular financial resources directed towards youth initiatives to develop their skills and properly manage initiatives. In addition to reimbursements of expenses for transportation between villages and making phone calls.
* The presence of volunteers database in governorates.
* The presence of a general youth coordinator or one of the youth program members devoted for the youth.
* The need to provide awareness specialized in youth inclusion in the awareness campaigns against FGM and family empowerment. This specialization will help to achieve more positive results with the use of energetic and proactive youth and thus easily achieving the planned objectives.
* The existence of indicators to evaluate the youth initiatives in supporting of the intellectual role of university students and youth civil society and other targeted groups with a special focus on community awareness in general.
* The need for a regular meeting to discuss youth inclusion after monitoring what has been done, the success stories and challenges faces in the field.

### **Investment in Youth Group Formations in Observation to Community Practices**

Through conducting focus group discussions with youth and addressing the need for community development, the evaluation sees youth as having energy to be employed, particularly girls. The girls can contribute to expanding the component of community monitoring and enable young people to open channels of effective communication with the local community and contribute to measure data and trends on periodic basis. This is achieved through monitoring indicators set in cooperation with management of the program. Including youth and encouraging them to engage in community development will ensure sustainability of the program as the knowledge of the community is being developed as well as the skills of the youth.

Empowering youth in community monitoring will strengthen the monitoring mechanism especially at the base level of the program. In addition, it will provide a database through regular reporting both at the level of FGM practices which can be reported before it actually happen, or at the level of the various services that result in family empowerment.

Some of the initiatives are:

* Protocols between the council, universities and institutes in the target governorates
* Signing code of conduct with groups of doctors, and student unions in faculties of medicine, nursing and social rights and community service (code of conduct for medical schools)
* Collection of data on program outcome indicators
* Contribution to the study of community satisfaction about the program
* The need to work with institutions and social clubs in cities
* Contribution to marketing the activities of the council to the community

Finally, the groups of youth could work in the villages where the program is operating as well as contribute to research on new villages and measuring knowledge and community trends of FGM and family empowerment which could help expand implementation of program activities in new villages.

# **Impact of Program in Changing Attitudes and Perceptions of Female Genital Mutilation Combat**

## Prevalence of FGM in experimental and control villages

**40% of households in experimental villages and 76.1% of households in control villages believe that spread of FGM practice is either large or very large.**

According to the focus group discussions conducted in villages, the program has somehow succeeded in reducing the percentage of FGM practices, as shown in table (5-1). Results show that 40.8% of respondents in experimental villages reported that the spread of FGM practice is either large or very large, compared to 76.1% in control villages. Half of the respondents (49.6%) in experimental villages stated that the prevalence of FGM is moderate where there is room to influence families. The respondents who felt that FGM is no longer present in experimental villages are only 9.4% versus 4.5% in control villages.

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| Table (5-1)Prevalence frequency of FGM in experimental and control villages |
| Total % | **Experimental** | **Control** | Prevalence |
| 31.5 | 21.7 | 51.2 | **Very High** |
| 21.0 | 19.1 | 24.9 | **Somehow High** |
| 39.2 | 49.6 | 18.6 | **Moderate** |
| 7.7 | 9.4 | 4.5 | **Non-existent** |
| 0.5 | 0.3 | 0.9 | **Do not know** |
| 100.0 | 100.0 | 100.0 | **Total%** |

## Percentage of FGM Spread in surveyed households in governorates

**Lower Egypt governorates are more responsive to FGM elimination than Upper Egypt’s**

Experimental village governorates (Table 5-2) show the widespread presence of FGM in Upper and Lower Egypt, where Qena comes first. There is though a difference between experimental and control villages. 82.5% of respondents in experimental villages compared to 93% in control villages stated that widespread of FGM is very large or large somehow.

Sohag governorate comes next with 51% in experimental villages compared to 90% in control villages reporting that FGM is substantial or at a large scale at present, while the governorate of Aswan recorded progress in the beginning of the reluctance of some families. 21.4% of respondents in experimental villages stated that the practice is widespread significantly compared to 97% in control villages. 75.2% of experimental villages reported the practice is moderately spread and confirmed that there are many families now who feel hesitant towards conducting FGM practice on for their daughters. This is an opportunity for the National Program for posing positive pressure on families and intensifying awareness campaigns with community leaders and other influential figures. Minia governorate is similar to Aswan in the spread of the practice rates, where 47.4% of experimental village households declare it is outstandingly spread compared to 70% in control villages. The rates in Beni Suef and Assiut are relatively better than in Upper Egypt, where 11.5% and 8.2% percent respectively reported that FGM rates have significantly dropped to the extent that many families have completely abandoned it.

As for Lower Egypt governorates, Port Said comes on top in FGM practice spread, followed by Gharbeya and Qalubia with the respective percentages of 71%, 70% and 66.9%.

| **Governorate** | **Table (5-2): Spread rate of FGM in surveyed villages** | **Total** |
| --- | --- | --- |
| Very High | Average High | Moderate | in-existent | Do not Know |
| **Qalubia** | experimental | 2.10% | 7.40% | 57.40% | 31.90% | 1.10% | 100.00% |
| control | 28.00% | 24.00% | 34.00% | 14.00% | 0.00% | 100.00% |
| **Gharbeya** | experimental | 10.00% | 6.00% | 54.00% | 30.00% | 0.00% | 100.00% |
| control | 7.80% | 15.70% | 55.10% | 19.40% | 2.00% | 100.00% |
| **Port Said** | experimental | 8.00% | 11.0%8 | 52.00% | 25.00% | 4.00% | 100.00% |
| control | 6.00% | 28.00% | 40.00% | 14.00% | 12.00% | 100.00% |
| **Fayoum** | experimental | 28.00% | 20.00% | 44.00% | 8.00% | - | 100.00% |
| control | 72.00% | 12.00% | 16.00% | 0.00% | - | 100.00% |
| **Beni Suef** | experimental | 10.50% | 24.50% | 53.50% | 11.50% | - | 100.00% |
| control | 56.90% | 26.50% | 16.70% | 0.00% | - | 100.00% |
| **Minia** | experimental | 8.50% | 38.90% | 49.30% | 3.30% | - | 100.00% |
| control | 48.00% | 22.00% | 30.00% | 0.00% | - | 100.00% |
| **Assiut** | experimental | 21.00% | 21.00% | 49.70% | 8.20% | - | 100.00% |
| control | 53.00% | 26.00% | 15.00% | 6.00% | - | 100.00% |
| **Sohag** | experimental | 35.00% | 16.00% | 46.50% | 2.50% | - | 100.00% |
| control | 69.00% | 21.00% | 10.00% | 0.00% | - | 100.00% |
| **Qena** | experimental | 68.00% | 14.50% | 17.50% | - | - | 100.00% |
| control | 72.00% | 21.00% | 7.00% | - | - | 100.00% |
| **Aswan** | experimental | 7.10% | 14.30% | 75.20% | 3.30% | - | 100.00% |
| control | 54.00% | 43.00% | 2.00% | 1.00% | - | 100.00% |
| **Total** | experimental | 21.70% | 19.10% | 49.60% | 9.40% | 0.30% | 100.00% |
| control | 51.20% | 24.90% | 18.60% | 4.50% | 0.90% | 100.00% |
| **Total Number** | 760 | 507 | 947 | 187 | 12 | 2413 |
| **Total Percentage** | 31.4 | 21 | 39.3 | 7.8 | 0.5 | 100% |

##

## Trends of Continued FGM Practices Disaggregated by Location

**Villages of Lower Egypt governorates are more responsive than Upper Egypt’s regarding stopping FGM**

In general, table (5-3) indicates a remarkable success of program outreach via seminars raising awareness on the criticality of this issue. This is shown from the high percentage of 38.9% for the control group compared to the low percent of 12.2% for the experimental group. In addition, non-supporters to FGM practices continuation have reached 78% in experimental villages compared to 45.8% in control villages. Also, as the percentage of those who did not specify their opinion about the continuation or rejection of the practice decreased from 15.3% in control group to 9.8% in the experimental group.

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| **Table (5-3)** |
| **Trends of continuing FGM practices disaggregated by location** |
| **Features** | **Experimental** | **Control** | **Total** |
| **Yes** | **No** | **Unspecified** | **Yes** | **No** | **Unspecified** |
| Rural Upper | 13.5 | 77.7 | 8.7 | 44 | 43 | 12.3 | 100 |
| Rural Lower | 5.8 | 79.2 | 15 | 16.7 | 54.7 | 28.7 | 100 |
| Total | 12.2 | 78 | 9.8 | 38.9 | 45.8 | 15.3 | 100 |

## Trends of Continued FGM Practices Disaggregated by Gender and Age

**Women and young generations (16-25) are more willing to stop FGM than men**

By comparing males and females in the experimental group, it was clear females are more rejecting the practice (85%) compared to 63% for males.

Additionally, male supporters of the practice are nearly double (18%) the number of female supporters (9.6%). Despite the fact that there was large participation in FGM combat workshops, this confirmed that the issue of FGM is related to the context of gender relations and the presence of a gender gap that denies girls and woman their rights to healthy and safe lives.

Results show that female attitudes towards FGM are negative compared to men’s in both groups. 9.6% of females confirmed they will circumcise their daughters in the future, and 17.9% for males shared the same opinion.

Table (5-4) demonstrates clear differences among different age groups, and a direct correlation between age and support to the practice and an inverse relationship with the rejection of its continuation and not to specifying the opinion. We find that the age group of 16-25 is opposing the most to the continuation of the process (80%), while the age group of 36 years and above is the most favoring the continuation with a percentage of 15%.

Results show as well that the age group of 16-25 in both experimental and control groups are the most opposing to the practice compared to older age groups, where 9.9% of the targeted households in the experimental group stated it will continue in the future as compared to 14.7% in the control group.

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| **Table (5-4)** |
| **Trends of continuing FGM practices disaggregated by gender and age** |
| **Features** | **Experimental** | **Control** | **Total** |
| **Yes** | **No** | **Unspecified** | **Yes** | **No** | **Unspecified** |
| **Gender** |
| Male | 17.9 | 63.1 | 18.9 | 46.6 | 36.4 | 17 | 100 |
| Female | 9.6 | 84.7 | 5.7 | 35.5 | 49.9 | 14.8 | 100 |
| **Age** |
| 16-25 | 9.9 | 79.6 | 14.7 | 37.5 | 46.8 | 15.7 | 100 |
| 26-35 | 12.1 | 77.6 | 10.4 | 36.8 | 43 | 20.2 | 100 |
| 36-50 | 14.7 | 76.6 | 8.7 | 43 | 47.7 | 9.3 | 100 |

## Trends of continued FGM practices Disaggregated by Educational and Economic level

**Medium degree holders and lower-income groups are responsive towards stopping FGM**

The results indicate that the medium degree holders have similar attitude to those who can read and write in their rejection to FGM. 80% of medium degree holders rejected, followed by 73.6% of below medium degree holders in the experimental villages compared to 34.1% in control villages. Despite the remarkable success of the program, it had weak impact on university degree holders. The percentage of rejection in the experimental and control reached 69.2% and 59.6% respectively. This group category is the highest category in not specifying their opinion which stood at 17.5% in experimental villages and 16.2% in control villages.

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| **Table (5-5)** |
| **Trends of continuing FGM practices disaggregated by educational level and family income** |
| **Features** | **Experimental** | **Control** | **Total** |
| **Yes** | **No** | **Unspecified** | **Yes** | **No** | **Unspecified** |
| **Educational Level** |
| Uneducated/reads and writes | 11.3 | 79.5 | 9.2 | 49.3 | 39.8 | 10.9 | 100 |
| Below medium degree  | 16.4 | 73.6 | 10 | 47.4 | 34.1 | 18.5 | 100 |
| Medium degree | 10.8 | 80.7 | 8.5 | 30.3 | 52 | 17.7 | 100 |
| University degree | 13.3 | 69.2 | 17.5 | 24.2 | 59.6 | 16.2 | 100 |
| **Family Income** |
| Less than 1,000 EGP | 10..8 | 80.2 | 9 | 41.8 | 44 | 14.2 | 100 |
| 1001-1500 EGP  | 13.8 | 75 | 11.2 | 31.1 | 47.4 | 21.5 | 100 |
| More than 1,500 EGP | 4.7 | 74.2 | 11.1 | 36.3 | 50 | 13.8 | 100 |

## Program Beneficiaries’ Attitudes towards FGM

Figure (5-1) shows trends of villages in which the program is being implemented. The results indicate high proportion of non-supporters (82.7%) among the target program service recipients compared to 69.6% of populations not benefitting from program services. Those who support the practice are 10% for experimental and 7.2% for control and those who did not specify their opinion reach 14.5% and 15.9%.

This all underlies the importance of the inclusion of community services in program interventions for increasing confidence of the local community in the development goal of the program, especially if these services contribute to the wellbeing of target families. Initiatives relating only to raising awareness, on the other hand, do not get the responsiveness of the entire community.

## Program Beneficiaries’ Participation in Seminars and Practicing FGM

Figure (5-2) shows a relationship between participation in the awareness seminars and attitude towards FGM. Less than a quarter of households that participated in the awareness seminars still believes in the importance of circumcising their daughters, while 75.7% think they would not perform such practice.

We see that about two-thirds of households did not participate in seminars and less than one-third of them either refuses the practice or is reluctant to it.

## National Law 242 and FGM Practices

**Positive impact of Law 242 on the reduction of FGM practice**

Despite the knowledge of 61.5% of the study population of Law 242, the practice of FGM is still ongoing. Table (5-6) shows that 21% of households that are aware of the law in the experimental group, have done genital mutilation for their daughters, compared to 40% in the control group.

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| **Table (5-6)** |
| **FGM practices by families familiar with Law 242** |
| **Total** | **FGM not done** | **FGM done** |   |
| 100,0 | 79,2 | 20,8 | Experimental |
| 100,0 | 59,9 | 40,8 | Control |
| 100,0 | 73,9 | 26,1 | Total |

Table (5-7) shows that more than two-thirds of the community (71%) of the experimental group where it has reduced widespread of FGM. In contrast, more than half of the community control group (55%) believes that this law has no effect and did not reduce the spread of FGM.

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| **Table (5-7)** |
| **Spread of FGM practices in target villages** |
| **The impact of the child’s law on reduction of FGM** | **Experimental** | **Control** | **Total** |
| The law relatively reduces the practice | 70.8 | 40.1 | 63.2 |
| The has no effect | 26.7 | 55 | 33.7 |
| Do not know | 2.5 | 4.9 | 3.1 |
| Total% | 100 | 100 | 100 |

## Program Beneficiaries’ Attitudes towards Early Marriage

**93% are support early marriage in the target areas**

Figure (5-3) shows that almost 93% of the community in the study conducted support early marriage (less than 18 years) against 87% in the control villages. Awareness seminars that are organized by the program against the risks of earl marriage have somehow made an impact of a reduction in the support percentage by 12.7% in the control group and 7% in the experimental group.

## Program Beneficiaries’ Attitudes towards Early Marriage (for below 18’s) With Respect to Specific Characteristics

**Males and low levels of education tend to favor early marriages**

Table (5-8) displays trends towards early marriage (Below 18 years) by demographic, social and economic levels. Findings indicate that males (11.2%) who favor early marriage are more than females (7.8%). This ratio is less than 9.4% in the experimental villages and 14.9% in the control ones.

As for the age and relational trend towards marriage, we find that the program has a significantly positive impact on reducing early marriage in the targeted villages, where 6% of respondents between the age of 16 and 25 years favor early marriages versus 14.3% of the same group in control villages.

The level of education hath a clear inverse relationship between level of education and early marriage. The percentage of supporters of early marriage is majorly from the category of uneducated or who can read and write, but this percentage drops in the pilot villages (8.5%) compared to 18.2 in control villages.

8.5% of the uneducated in the study support early marriage and only 4% of university graduates or higher degree holders agree. The average monthly income of the family has an inverse relationship with the support of early marriage. 9% of those who have a monthly income of one thousand EGO support early marriage and 8% for those who have a monthly income of higher than 1500 EGP do.

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| **Table (5-8)** |
| **Attitude towards early marriage (of below 18 year old girls) in line with specific characteristics** |
| **characteristics** | **Experimental** | **Control** | **Total** |
| **Gender** |
| Male | 9.4 | 14.9 | 11.2 |
| Female | 5.8 | 11.7 | 7.8 |
| **Age** |
| 16.25 | 6 | 14.3 | 8.8 |
| 26-35 | 8.4 | 9.5 | 8.8 |
| 36-50 | 6.7 | 14.3 | 9 |
| **Educational Level** |
| Uneducated/reads and writes | 8.5 | 18.2 | 10.7 |
| Below medium degree | 5.7 | 17.7 | 8.7 |
| Medium degree | 6.6 | 8.5 | 7.2 |
| University degree or higher | 4.9 | 3 | 4.1 |

In general, the results indicate signs of success of the program awareness sessions in terms of awareness about the risks of early marriage that may result from this rise in maternal and child mortality. But the findings suggest that the program did not a noticeable impact on the university people, increasing the percentage individuals in favor of early marriages by 3.0% in control group and 5% in experimental group. This is also the case in Lower Egypt where the percentage of supporters to early marriages rose from 5.3% in the control group to about 8.8% in the experimental group.

## Alternatives to Early Marriages With No Legal Documentations

**38.9% of girls who are early married their families perform the marriage procedures without any official documents.**

Table (5-9) displays reaction when small girls are married, from the point of view of respondents, 39% of households agreed that families of underage married girls hold marriages without official documentations, and this is very dangerous as there is no legal or health protection for children. In addition, children born to this type of marriage end up deprived of any official registry papers. 30% of households reported that the girls can be engaged under the age of 18 and married when they reach 18.

When families were asked about alternative ways to early non-official marriages (called “Sunni Marriage"), 24.3% reported that families resort to fabricating ages to girls in health units. 4% of the surveyed households reported as well that families who wish to have their young daughters married bribe officials for registering marriage contracts. There is no major differences between the answers of experimental villages and control village.

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| **Table (5-9)** |
| **Alternative ways for early marriage for below 18 year old girls** |
|   | **Experimental** | **Control** | **Total** |
| Marriage without formal paper until legal age | 38.3 | 39.3 | 38.9 |
| Wait till reaching legal age | 32 | 27.4 | 30.4 |
| Determine age of girl in health department | 23.7 | 25.4 | 24.3 |
| Pay money to authorized person for marriage | 3.2 | 5.3 | 3.9 |
| Do not know | 2.7 | 2 | 2.5 |
| Total% | 100 | 100 | 100 |

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## Domestic Violence

**Increase in domestic violence in the older age groups (36-50) than in younger groups (16-25)**

Differences and conflicts rising between spouses may lead to violence, and hitting is usually considered a basic form. A third of the study population (nearly 30%) reported occurrence of violence that could amount to beating between husbands and wives. Table (5-10) demonstrates percentages of males (33.8%) and females and females (31.7%). Also, results showed that age has a direct correlation with the occurrence of family violence where the age group of 36-50 had a rate of violence of 35% and up to 6% more in controlled villages, than in experimental villages. A relatively reduced domestic violence percentage (28.8%) was evident though in the age group of 16-25.

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| **Table (5-10)** |
| **Domestic violence frequency disaggregated by gender and age** |
| **characteristics** | **Experimental** | **Control** | **Total** |
| **Gender** |
| Male | 32.8 | 36 | 33.8 |
| Female | 29.6 | 35.6 | 31.7 |
| **Age** |
| 16.25 | 24.5 | 36.7 | 28.8 |
| 26-35 | 33.5 | 32.1 | 32.9 |
| 36-50 | 33.1 | 38.9 | 34.9 |
| Total% | 30.4 | 35.6 | 32.2 |

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## Reasons behind Domestic Violence

**Financial problems recorded a significant increase in the causes of domestic violence**

The causes of domestic violence are similar to a large extent between experimental and control villages as highlighted in figure (5-11) where physical problems are most frequently leading to family disputes by more than 50% for both groups. A fifth of respondents reported family problems and domestic violence prevalence and attributed this violence to marital conflicting relationships, which could explain the compatibility issues because of the FGM and the neglected reproductive health problems in the countryside, in both urban and rural areas. Program intervention in family affairs reported 16.2%, and domestic violence, nervousness and smoking were among the problems that caused family disputes by 7.2%. Differences in opinions formed 2.7%, while problems of raising children formed only 3%. The same pattern applies to both control and experimental groups.

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| **Table (5-11)** |
| **Reasons behind domestic violence disaggregated by topic** |
| **Problem** | **Experimental** | **Control** | **Total** |
| Financial Problems | 51.4 | 51.7 | 50.8 |
| Problems in marital relationship/health problems | 19.3 | 18.6 | 20.5 |
| Intervention of parents in law or relatives | 14.3 | 13.3 | 16.2 |
| Domestic violence/nervousness/smoking | 8.7 | 9.4 | 7.2 |
| Difference of opinion | 3.1 | 3.3 | 2.7 |
| Raising children | 3.3 | 3.7 | 2.5 |
| Total | 100 | 100 | 100 |

## Violence against Children

**90% of households sometimes or always beat their children to raise them well**

As per table (5-12), it is clear that most children get beaten, but in varying degrees, and that more than half of respondents used to beat their children sometimes (52%), while 37% of the respondents do it all the time. 7% say however that they use it to raise children. Less than 3% of households reported their not use beatings at all. The same pattern applies to both experimental and control groups. It can be said that the rejection rate of violence against children needs still to be strengthened.

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| **Table (5-12)** |
| **Rate of violence against children** |
|   | **Experimental** | **Control** | **Total** |
| Always | 36.9 | 41.1 | 38.3 |
| Sometimes | 52.9 | 50.4 | 52 |
| Rarely | 7.2 | 6.5 | 7 |
| Never | 3 | 2 | 2.7 |
| Total% | 100 | 100 | 100 |

# **Overall Conclusions**

1. **The National Program has relevant accordance with national laws, strategic objectives of the Council and local needs of target communities.** The percentage of the age group 0-12 years approaches 75%. 58% of target households are below poverty level. 21% of households are formed of more than 7 family members. Literacy rate is 25% and female unemployment rate is 89%.
2. **NGOs were highly successful in mobilizing Program objectives, not only in targeted areas, but also in surrounding communities, with a total 90% of households.** Television was ranked first for knowledge sources (46%) followed by social workers in NGOs by 40%.
3. **NGO awareness seminars achieved great success in raising awareness with 90% female participation in survey community, and 68% for males.** Large seminars are most influential in the view of 79% of families. The topic of FGM was ranked first under awareness (40%), followed by early marriage (11%) and finally came family empowerment. It is worth mentioning that the participation rate of men rose on the topic of FGM to 42%, although the applied knowledge only rose by 32% compared to 63% for women.
4. **Results indicate that most of the awareness raising activities were held in NGOs (63%), followed by leader houses (mandara) by 12%.** The rest of the institutions reached lower rates. Perhaps this articulates the need to guide associations for intensifying their presence and networking with other social institutions, such as health units, social units, youth centers, religious institutions and other institutions which help pose positive pressure on communities.
5. **The majority of the ladies pointed out that NGOs offered educational, health and environmental services besides assistance in the provision of income generating activates.** These services have been clearer in Upper Egyptian governorates compared to those of Lower Egypt.
6. **64% of households reported their having accessibility to family and community services that directly impacted their lives.** They highlighted the role of partner associations in Upper Egypt in economic empowerment of targeted families at higher levels than their counterparts in Lower Egypt. Sohag was ranked first in the provision of services by 85%, followed by 79% for Aswan, Assiut 67%, Beni Suef 63%, Minia 55%, Fayoum 46%, Port Said 53%, Qalubia 51% and Gharbeya 41%.
7. **Family services and social initiatives in target communities resulted in positive change in trust building level between the Program and beneficiaries as reported by 84% of households.** Of conducted services, health services was ranked first by 51.2%, followed by economic services (23.7%), educational services (19.7%) and finally improved sanitation services (5.9%) being the highest in cost.
8. Although NGOs coordinated with the departments of health and education, **results did not indicate the presence of a form of positive pressure posed on the departments of health and education to influence communities for mainstreaming policies or strengthening monitoring roles towards service improvement** or making structural reforms at village level, despite complaints of poor health and education services in targeted areas.
9. **While NGOs and a team of field work are doing well at the level of performance and improve the results of the program in general, they have not been exposed to any training opportunities during the last period, except for the social workers, or any exchange of expertise or capacity building opportunities.** This could be an affect the quality of their outputs and hinder any innovations or creative ideas outside the scope of civil work routine.
10. Financial efficiency of the Program need to be improved with **more than 90% of NGOs and observers expressing their resentment to delayed financial transactions as well as delayed arrival of payments**, affecting processing and timeliness of project activities implementation. The follow-up operations occur on regular and effective basis. There is room however to have a documented follow-up with specific and clear indicators between NGOs. This makes the centralized follow-up and monitoring easier for track, reporting and informed decision making.
11. The least rates of cooperation and coordination with other entities is with party members (2.9%), followed by high profiles and businessmen (3.9%) and members of local councils (6.8%). Attention is drawn hence to **the importance of activating the political participation at the local level, high profiles or businessmen** as there is immense need for economic and employment opportunities. Also engaging politicians also can lead to the activation of laws criminalizing the practice of FGM.
12. **Coordinators and facilitators had efficient and positive intervention upon knowing of any household intentions of performing FGM.** 98.4% of respondents said the team positively interfered to deal with such cases through educating families and informing NGOs of such incidents, as well as having them reported to police, compared to the limited percentage of 1.6% of those who dealt with the cases with the attitude of "there is nothing we can do!”
13. **Youth taskforce was not integrated properly during the implementation of the program, despite the presence of great potential in them as prepared during the first phase of program implementation.** This could have contributed to higher community awareness and engagement rates in combating FGM and empowerment of families. Females were more engaged than males in FGM combatting and family empowerment interventions. Findings indicated that women and younger generations (of 16-25 years) are more eager to eliminate FGM than males.
14. Results show that **positive trends towards genital mutilation increase in rural Upper Egypt in the pilot study sample and control sample compared to Lower Egypt.** Where the percentage of those who said they would circumcise their daughters in rural Upper Egypt, by 13.6% of targeted households compared to 5.8% of countryside in Lower Egypt. The percentage increased in control group sample families in rural Upper Egypt to reach 44%, compared with 16.7% for the countryside of Lower Egypt.
15. **The percentage of supporters of FGM dropped from 38.9% to 12.2% in experimental groups.** There was a decrease in the number of supporters for the continuation of FGM from 78%, in experimental villages to 45.8% in control villages. The percentage dropped, of those who did not specify their opinion about the continuation of FGM or rejected it from 15.3% among the control group to 9.8% for the experimental group.
16. 40.8% of experimental group families and 76.1% of control ones believe that the practice of FGM is either very large or large, taking into account the fact that **the governorates of Lower Egypt are more responsive to elimination of FGM practices than the governorates of Upper Egypt.** In addition, medium degree holders and those of lower income categories are more positive towards eliminating FGM practices.
17. The Program had a positive impact on the reduction of early marriage in the targeted areas, where 6% of target respondents of the age group of 16-25 years are in favor of early marriage compared to 14.3% of the same category in control villages. **The percentage of people agreeing with early marriages increased among the uneducated, the poor or low income categories.** On another note, the percentage of informal marriages or so-called ‘Sunni marriage” reached 39% with girls married before reaching legal marriage age, while the rest resorted to fabricating age certificates and bribing officials.
18. Results show that **age variable has a direct correlation with violence. The higher the age, the more frequent is domestic violent incidents occurrence.** The major reason for domestic violence is financial situation. 90% of households use violence to teach children, either permanently or temporally.

# **Overall Recommendations**

1. **Form partnerships and networks within governor offices, general secretaries and national councils.** This gives political support and legitimacy to Program initiatives on the ground, with high profile support. Such support will ease many of the challenges foster integration with also non-government partners and convinces civil society communities with the criticality of Program topics. The evaluation recommends considering ways of coordination with branches of the National Population Council where their resources and higher authorized accessibility levels can be employed at decentralized level.
2. **Develop local media advocacy platform.** The evaluation recommends strengthening relations with the local media, whether media organizations such as the Nile centers and local television channels, local radio and other channels that are not used by the program. The program features strong ability at the central level to communicate through media at the national level either through programs or through social media and information technology tools. The evaluation also recommends the preparation of a media portfolio including educational as well as informative products and other learning tools for use in the communication outreach in local communities, as they only rely on the verbal messages and not visual and audio.
3. **Design and implement capacity building activities and investment in knowledge and skills.** There is a dire need to build capacities of NGOs, observers and coordinators in order to invest in the technical and communication skills. The proposed training should be based on topics as results-based management, monitoring and evaluation and resource mobilization to develop their technical and financial management of the program.
4. **Network and share experiences between NGOs and field teams in different governorates.** Also support networking opportunities between different NGOs, as there are opportunities to strengthen joint initiatives between NGOs whether in same or different governorates. This gives field strength and means of political pressure to persuade with the program especially in areas where there are weak results. Similarly, the evaluation recommends the exchange of visits between the implementing teams of the program and the exchange of documented success stories to reach integrated positive sharing experiences.
5. **Strengthen competencies of youth empowerment and incorporate it in the annual budget plan based on results and indicators.** This component is better applied under the supervision of a youth leader or representative. Also, it is essential to design and maintain a database for the volunteers in every governorate. It is recommended to design training manuals and activities to develop capabilities in the field of volunteerism and the possibility of youth inclusion awareness campaigns, community advocacy and lobbying and community monitoring initiatives.
6. **Raise awareness to end domestic violence and violence against children**. The program has achieved remarkable results and had positive impact on community regarding FGM issue. It is recommended to extend the efforts for promoting family counseling and economic development of women in order to stop all forms of violence.
7. **Discuss the possibility of developing partnerships with politicians among the private sector at the local level.** The contribution of this sector has a great potential in funding family services and community initiatives that represent the financial strains on the program. Politicians can help make a positive impact on families and to support the policies of termination of female genital mutilation.
8. **Discuss ways to provide psychological support to female genital mutilation** **victims** and contribute to their release from post-traumatic shock state. In some cases the possibility of employing them in ways to positively support other female cases that would be susceptible to the genital mutilation procedures. Their efforts can also be employed in progressive raising awareness and fostered community outreach.