

Promoting FGM Abandonment in Egypt: Introduction of Positive Deviance

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Introduction

Since 1998, CEPDA has been working to end the practice of female genital mutilation (FGM) in Egypt. CEPDA spearheaded the use of the “positive deviance approach” to FGM abandonment and has been engaged in a learning experience with many partners and communities in Egypt. After working through the various phases of the program, a model has been developed to guide community organizations in implementing FGM abandonment programs. The development of this innovative model has created a strong base for the current FGM Abandonment Program activities. Through support from the USAID-funded ENABLE project, the FGM Abandonment Program has been successfully expanded into 24 communities in Egypt through its first three phases.

The Positive Deviance Approach



The positive deviance approach has been the cornerstone of CEPDA’s FGM work in Egypt. It is an assets-based development approach that identifies best practices already existing in a community and builds on them, suggesting immediate strategies for action using local resources. Pioneered by Save the Children/U.S. for its nutrition work in Vietnam, the positive deviance approach focuses on individuals who have deviated from socially accepted behavioral norms, resulting in a positive outcome. CEPDA adapted the approach to FGM. In this context, “positive deviants” refer to those individuals who have decided that the practice of FGM is wrong and harmful, despite the fact that the majority of people around them perform the ritual on their girls.

PHASE I - THE PILOT PROGRAM

Introducing the Approach and Identifying Positive Deviants in the Community

In 1998, with funding from PROWID, a USAID-funded, small grants program focused on promoting women in development, CEPDA began working with four partner non-governmental organizations (NGOs) to help them identify positive deviants in the communities where they work. All of the partners were skeptical at first about the possibility of finding any positive deviants at all in their communities. They thought that few, if any, existed, and if they did, they would not talk about FGM. Everyone involved was surprised to not only find positive deviants, but at the large number they discovered in their communities.

To initiate the activity, CEPDA facilitated the formation of four separate Positive Deviant Inquiry Teams for each of the partner organizations. These teams underwent a series of basic trainings that demonstrated methods of interviewing – highlighting what to look for and how to analyze the information gathered. After the training, teams went to their communities to identify

positive deviants. They talked informally with community residents and eventually found some positive deviants. In collaboration with the positive deviants, they developed action plans for reducing the incidence of FGM in the community.

Goals of Phase I

The first phase of the project had three goals:

1. Identify positive deviants in the community who could be powerful advocates for change;
2. Help local NGO volunteers develop or improve advocacy skills by learning from the positive deviants;
3. Enable NGOs and communities to develop or integrate new action plans based on the Positive Deviant Inquiry Team findings; and
4. Identify successful activities that reduce the incidence of FGM within the community.

Results of Phase I

At the end of Phase I, a number of significant outcomes were observed:

- For the first time, people were publicly talking about FGM and their reasons for opposing it.
- For the first time, people who are typically the least empowered members of closed and traditional communities, especially women, stood up and spoke out.
- Experimentation with different strategies aimed at reducing the incidence of FGM yielded a potentially effective way of collaborating with positive deviants. The partner NGOs formed a group of positive deviants who were not only convinced that FGM is a harmful practice, but also were willing and excited about persuading other people of this view.

PHASE II - FURTHER DEVELOPING THE POSITIVE DEVIANCE APPROACH

Building on Initial Success

In Phase I, the positive deviance approach focused on enabling local NGOs to identify positive deviants. Through the inquiry process, the NGOs were able to identify local solutions to the problem of FGM within their communities. By better understanding the reasons why positive deviants chose to abandon the widespread practice, NGO staff, in partnership with community members, were able to design more effective ways of combating FGM. Some of these methods proved extremely successful and were adopted by other NGOs.



Further Developing the Program

With funding from ENABLE, CEDPA was able to expand its FGM work to include four new NGOs, in addition to the original ones. All of the NGOs were trained on interviewing positive deviants and analyzing the information gathered in the interviews. They identified additional positive deviants in the communities where they work. Through this support from ENABLE, CEDPA continued its training and support of community mobilization activities.

During Phase I, one of the community groups began to track the girls at risk for undergoing FGM – basically any young girl who is not married. They visited parents of at-risk girls and monitored the girls' status. This activity was extremely successful in identifying at-risk girls and attending to specific cases within the community. CEDPA monitored this development within this community and worked with the leaders of the initiative to spread this model to other participating communities.

In order to build on the success of the strategy of community-level groups tracking at-risk girls, CEDPA designed a training session on group formation for all the NGOs involved. This training was based on examples modeled by the experience of the first community to create this initiative.



CEDPA and participating communities noticed that groups could be formed only after a significant level of awareness about FGM within the community had been achieved. As the model began to form, CEDPA acknowledged that only after a period of approximately six months of intensive campaigns including public discussions and religious sermons could the work focused on at-risk girls be effective within the community.

An advantage of the grassroots approach is that community members are tracking the at-risk. Within tight-knit rural communities, people know which girls are at greatest risk.

For example, they know if an older sister has been circumcised or if the mother is an advocate for circumcision. Both of these factors place a girl in a high-risk category. It was therefore deemed both more effective and appropriate to leave the identification and subsequent definition of girls at risk to the community members.

Community-based FGM groups met and identified at-risk girls. The groups then created a system whereby households that included at-risk children would be targeted for visits from the group members. The groups then created a visiting schedule and divided the visits among themselves. The visits targeted strategic household members – those individuals within the household who have the authority and power over the FGM decision.

Monitoring and Evaluation through Group Formation

Although it was apparent that the awareness-raising campaigns were having an impact on the community's perception of FGM, it was difficult to link the increased awareness with a reduction in the practice of FGM. The new approach of tracking and targeting at-risk girls provided an opportunity to gauge the effect of activities within the community. Simple tracking forms were designed to help document progress. Because of the importance of the advocacy component of the visit and the need to create an atmosphere of trust, questionnaires were not brought with the group members on their visits. Instead, simple forms were filled out after the visit.

The forms included the following information:

- Name and age of the girl
- Individuals interviewed
- Number of visits
- Results of the meeting:
 - ? Insisted on performing FGM
 - ? Convinced that FGM is bad
 - ? Inconclusive results

Tracking girls who are at-risk tells us if they are circumcised or not and allows the teams to measure the effectiveness of activities in reducing the incidence of FGM in the community. CEDPA has compiled a database with the information gathered. However, girls who are "saved" one year may be circumcised the next, and therefore, the community groups will continue tracking them until they are no longer considered at risk (see Phase II Preliminary Analysis).

Results of Phase II

The following table presents the data collected to date from the three governorates:

Governorate	Girls	Visits	Results					
			For FGM		Against FGM		Inconclusive	
			#	%	#	%	#	%
Giza (urban)	204	343	11	5.4	183	89.7	10	4.9
Beni Suef (rural)	700	2023	175	25	454	64.9	71	10.1
El Minya (rural)	129	241	16	12.4	113	87.6	-	-
TOTAL	1033	2607	202	19.6%	750	72.6%	81	7.8%

Preliminary Analysis

- Over 73 percent of the families visited declared that they would not circumcise their daughters. This number is a far higher percentage of people against FGM than the national average. (The latest Demographic and Health Survey confirms that 97 percent of ever-married women are circumcised, while other data suggest that the number of never-married is

slightly below 90 percent. In the areas of this intervention, the practice is at the high end of any statistics.) It is therefore reasonable to assume that the community group interventions are making a significant impact on people's perceptions of the practice.

- While being against FGM does not necessarily mean that the girl is “saved” according to the CEDPA working definition, continued monitoring of the girl's situation will greatly increase the chance of this. Continued monitoring will also ensure that any change in perception will be reflected in the data. In rural areas, the community groups will know if a girl has been or is planning to be circumcised.
- A girl can only be definitely categorized as “saved” if she has married without being circumcised. This is because the strongest reason for circumcision is as a right of passage to marriage. However, if a girl is married and her husband does not insist, there is a very small likelihood that she will be circumcised.
- Outside factors may have an influence on people's decisions. Recently, the media and national policy statements have focused some attention on the issue. Girls have noted that the issue has been mentioned in school. The First Lady has directed the National Council for Childhood and Motherhood to lead a campaign against FGM. They have already secured donor funding for this and the first stages are underway. This aids any effort as it sets a policy environment supportive of change and varies the source and content of messages, while at the same time adding credibility to other efforts. It is unlikely, absent other interventions, however, that such a deeply rooted belief and practice could be significantly altered by these factors.
- The data indicates that there is a higher success rate with Christian communities than there is with Muslim communities. The NGO partners have suggested that this is because many Muslim communities see FGM as a religious requirement, whereas Christians quickly recognize it as a traditional practice and find no support for it in their literature.
- The data indicate that the level of adherence to tradition and willingness to change differs between communities, even within the same governorate. A closer look at the different communities in Beni Suef reveals that some are originally from that area and others have migrated from areas further south that are more conservative/traditional.
- The partner organizations noted that the strength of the relationship between the community group and the rest of the community significantly affected the group's ability to persuade people that FGM was a harmful practice.
- Another significant factor that affected the community groups' level of success was trust. If the NGO supporting the community group was already working in the community it facilitated building trust between the community and the NGOs. This better placed the NGO to conduct community awareness campaigns against FGM. Similarly, results suggest that the length of time the NGO had been working in the community might be an indicator of the level of trust between the community and the NGO.

- The NGO partners also noted that there was a higher rate of success in communities where there were positive deviants who were community leaders, such as doctors or religious leaders.
- While it is always difficult to draw a single causal relationship between the intervention and the results in every case, it is possible that the high percentage of initial success after group intervention – 73 percent say they will not circumcise their daughters and only 12 percent say they will – can reasonably be attributed to the intervention.

PHASE III - TAKING THE PROGRAM TO SCALE

With continued support from ENABLE, CEDPA began Phase III to harness the lessons learned in the first phases and to expand the scope and reach of the program. There were two objectives of the work in Phase III. The first objective was to solidify the training and programmatic experience of Phases I and II and translate this learning into a program model and training materials. Under this objective, new elements were added and the program model revised. Attempting to broaden the skills of positive deviants in the communities, a much needed community mobilization focus was added to link the positive deviance approach to the program model and workshop training. The second objective was the expansion of the program to establish partner NGOs capable of training and managing the program and establishing the program in many new communities in Egypt.

Program Design and Materials Development

With this focus on expansion, the actual program design was finalized. With the design in hand, a training strategy was revised to include the management of the program by partner and local NGOs and implementation within the communities. According to this new model, training manuals and materials were developed for three trainings and one “check-in” seminar. The first workshop serves to introduce the FGM Abandonment Program and teaches the local NGO staff how to identify positive deviants and implement the early stages of the program. Between the first and second workshops, these participants identify and select positive deviants working in their communities. The second workshop integrates the newly discovered positive deviants into FGM work and mobilizes the participants to create an informed action plan for the upcoming six months of community activities. These six months begin immediately following the end of the second workshop. During the six-month awareness activity phase, there is a three-month check-in seminar that was created for local NGOs to share experiences and discover solutions to common challenges. The third workshop is introduced at the end of the six-month community mobilization phase and is designed to prepare the positive deviants to directly approach families of at-risk girls and monitor their circumcision status.

The second component to solidifying the program design was developing a program implementation strategy that would allow the program to be uniformly administered and monitored in an expanded number of communities. CEDPA developed a manual to provide a detailed explanation of each step of the program, criteria, roles and responsibilities, and any monitoring or evaluation activities. This program manual has proven extremely helpful to its partners. The manual is complemented by a complete monitoring and evaluation strategy that is

being uniformly managed and applied by all participating partners. CEDPA/Egypt provides technical assistance and spearheads the analysis of monitoring and evaluation information. However, the NGO partners are given the training and materials necessary to implement the monitoring and evaluation plan themselves.

CEDPA/Egypt has also created an FGM kit of collected information, education and communication (IEC) materials. CEDPA/Egypt has reviewed all FGM materials in Egypt and created a kit that is being distributed to each of its partner NGOs. This kit includes materials that can be used to establish a small FGM resource library at each partner NGO. It also includes helpful information for positive deviants who are looking to read more detailed information about FGM and provides a large quantity of IEC materials for low-literate populations to be used by the positive deviants during their work within the community.

Finally, CEDPA/Egypt produced a new program brochure in Arabic and English, which describes the history of the FGM Abandonment Program and its current work in Egypt.

Expansion Plan

The expansion plan for the FGM Abandonment Program goes far towards accomplishing CEDPA's goal of establishing an effective and sustainable FGM program in Egypt. In this phase, CEDPA/Egypt has worked to establish partner NGOs who are providing the training and management of the program that CEDPA has had in the past. With this goal in mind, CEDPA/Egypt has organized its relationship with the partners in order to create skilled trainers and knowledgeable managers. CEDPA/Egypt has chosen capable partners and given them the material and technical support necessary for them to become the leaders of this model in their governorates in Egypt.



Where Are We Now?

In June 2003, CEDPA completed a training of trainers (TOT) for two partner NGOs. These two TOTs were supported by funds from ENABLE. These two partner NGOs (Family and Environment Development Association from Qena Governorate and CARITAS from Alexandria Governorate) have each identified four local NGOs and the eight communities in which the program will be launched. Both of these organizations have held the first workshop for the four NGOs in each governorate. Currently, these trained NGO staff are starting the positive deviant interview process. In several weeks, the second workshop will be held for the local NGO staff members and the positive deviants they identified in the communities. Once this second workshop is completed, the six months of community awareness activities will begin in eight villages in Qena and eight villages in Alexandria. The at-risk girls training and implementation will begin by January 2004. These training activities, as well as funding for the partner staff and the local NGO staff and activities fund, will be supported by CEDPA/Egypt's Towards New Horizons project.

In addition to programmatic work supported by Towards New Horizons, CEDPA has recently agreed to a cost-sharing arrangement with UNICEF/Egypt to implement the FGM Abandonment Program model in the Assuit Governorate. With funding from UNICEF, CEDPA will establish the FGM Abandonment Program model in Assuit using partner NGOs as sources for master trainers for the model, workshops and implementation training. The first TOT will begin at the end of August 2003, and program activities are expected to begin in Assuit in early September.