



Review of FRONTIERS Program FGM/C-related Activities, February 2007

Background

Funded by USAID, the Population Council's Frontiers in Reproductive Health Program (FRONTIERS) has conducted numerous field-based research studies on female genital mutilation/cutting (FGM/C) since 1995. The Operations Research (OR) approach utilized by FRONTIERS encompasses diagnostic studies and assessments, intervention testing, and technical assistance to partners. The goal of FRONTIERS OR studies is to provide program managers and policy decision makers with the information they need in order to improve and expand existing services. FRONTIERS and its predecessor, the Africa OR/TA Project (1988-1998), have conducted research on FGM/C in the following countries: Burkina Faso, Egypt, Ethiopia, Ghana, Guinea, Kenya, Mali, and Senegal. Funding for OR studies has come from USAID Core support, Africa Bureau, Special Initiative, and Field support. Recent work by FRONTIERS includes several different types of projects: intervention testing, explaining FGM/C, monitoring and evaluation, and technical assistance. A CD-ROM containing all publications is available upon request from frontiers@pcdc.org

Intervention Testing

Tostan model – Senegal

Senegal: Evaluation of a Community-based Education Program to Improve Women's Reproductive Health and Encourage Abandonment of FGM/C. Working with Tostan, a nongovernmental organization based in Senegal, FRONTIERS evaluated the expansion of the Tostan model to new areas in Senegal. First piloted in Senegal, the Tostan approach, called the Village Empowerment Program (VEP), uses community education to help women improve their lives and their health, including reproductive health. Within a context of rapidly changing knowledge and attitudes, the Tostan model accelerated improvements in several areas of RH and rights. Results show that women who participated directly in the education program show the highest levels of knowledge and improved attitudes concerning human rights, gender-based violence, FGM/C, and reproductive health, but there was a strong 'diffusion' effect as women living in the intervention villages not participating in the program also increased positively on most indicators. Approval rates of FGM/C decreased significantly, but not all participants changed attitudes to FGM/C. There was a significant and sizeable decrease in reported cutting of young daughters. Community members mobilized to improve environmental hygiene and conflict resolution. The public declaration held in June 2001 was perceived to be convincing by

participants, but probably some follow-up is needed to sustain the decision. Project duration: 10/00 – 7/03 (Completed)

► Final Report: "The Tostan program: Evaluation of a community-based education program in Senegal" http://www.popcouncil.org/pdfs/frontiers/FR_FinalReports/Senegal_Tostan%20FGC.pdf

► OR Summary: "Senegal: Community education program increases dialogue on FGM/C" <http://www.popcouncil.org/frontiers/orsummaries/ors54.html>

Tostan model – Burkina Faso

Burkina Faso: Testing a Community-based Education Program to Improve Women’s Reproductive Health and Encourage Abandonment of FGM/C. This project tested the replication of an initiative to reduce FGM/C by the nongovernmental organization (NGO) Tostan. FRONTIERS collaborated on the replication with the NGOs Tostan and Mwangaza Action, and the Center for Research and Teaching on Demography, University of Ouagadougou (UERD) in Burkina Faso. Participating women took part in a basic education program to increase literacy and awareness of reproductive health issues. The community and its leaders received sensitization on the harmful effects of FGM/C and were encouraged to publicly reject the practice. The VEP contributed to a significant increase in awareness about human rights, women’s health and FGM/C, both among women and men participating in the program. The number of violent acts against women in the communities declined considerably, with a significant decrease in the intervention communities. The project demonstrated the feasibility of replicating this model by another NGO in a different setting. Significant increases were found in knowledge about rights, health and FGM/C. Desire was expressed for modules on literacy and income-generation. Environmental health improvements and civil registrations were stimulated. In the intervention communities, none of the girls under the age of 5 years were reported to have been cut, compared to three percent in the comparison areas. More than 90 percent of people interviewed reported having discussed FGM/C, and more than half had been present at the public declaration organized in May 2003. The role of this program in a context where the process of abandoning FGM/C is already well underway is not clear, but it has definitely had a broader impact on general community development. Project duration: 10/00 – 9/03 (Completed)

► Final Report: "Experience from a community-based education program in Burkina Faso: The Tostan program"

http://www.popcouncil.org/pdfs/frontiers/FR_FinalReports/BurkinaFaso_FGC.pdf

► OR Summary: "Burkina Faso: Community education program scaled-up in Burkina Faso"

<http://www.popcouncil.org/frontiers/orsummaries/ors55.html>

► Report: "Replication of the TOSTAN Programme in Burkina Faso"

http://www.popcouncil.org/pdfs/frontiers/reports/burkina_fgc_process_eng.pdf

► Report: "Comment 23 villages s’initient aux Droits Humains et abandonnent la pratique de l’excision au Burkina Faso"

http://www.popcouncil.org/pdfs/frontiers/reports/burkina_fgc_process_fr.pdf

Alternative Rites model – Kenya

Kenya: The Female Genital Cutting (FGC) Alternative Rite Intervention: A Case Study of the Program for Appropriate Technology in Health (PATH)/ Maendeleo Ya Wanawake (MYWO) Project in Kenya. This study, conducted with PATH, evaluated the effectiveness of a program by the Kenyan nongovernmental organization MYWO that provides girls with an alternative coming-of-age rite that excludes FGC. The study found that ethnicity influenced attitudes and practices surrounding FGC and coming-of-age rites, and that the

contribution of the alternative rite intervention to the abandonment of female genital cutting depends on the sociocultural context in which the practice takes place. The alternative-rite approach seems to be most effective when: (1) other institutions or cultural trends support a change of attitude toward female genital cutting; and (2) sensitization activities precede the alternative-rite intervention. Project duration: 2/00–2/01. (Completed)

► Final Report: "An assessment of the alternative rites approach for encouraging abandonment of FGC in Kenya" http://www.popcouncil.org/pdfs/frontiers/FR_FinalReports/Kenya_FGC.pdf

► OR Summary: "Kenya: Community sensitization must precede alternative coming-of-age rite" <http://www.popcouncil.org/pdfs/frontiers/orsummaries/orsum27.pdf>

CARE Reproductive Health (RH) model – Kenya and Ethiopia

Technical Assistance to CARE International for Testing Interventions to Encourage Abandonment of FGC. This project provided technical assistance to CARE for work with local organizations in Ethiopia and Kenya to plan and incorporate interventions to encourage the abandonment of FGC within on-going CARE-supported community-based RH projects.

Participatory learning and action methods were used to identify reasons for continuation of FGC and to work with community opinion leaders. In Ethiopia the intervention was in the semi-arid rural Awash district of Afar, and consisted of education through behavior change communication (BCC) together with community advocacy; this was compared with a control site where no interventions took place. In Kenya, the intervention was introduced in refugee camps for Somalis in the rural North Eastern Province and consisted of education through BCC with community advocacy, which was compared with the effect of using education through BCC only. Baseline and endline data were collected in both countries. The results show that the intervention strategies were very effective in terms of exposure to anti-FGC messages and increased awareness of psycho-social effects. In Ethiopia, the increased knowledge of harmful effects of FGC and rights translated to a tremendous increase in support for women's rights, FGC abandonment and intention not to cut, especially for men but also among women. In Kenya, the analysis indicated mixed results in attitude and behavior change, with slight improvements in attitudes among males, but a significant strengthening of pro-FGC attitudes among females. In both Ethiopia and Kenya there was active public debate on the merits of continuing FGC and some uncut girls, men and women publicly stated that they did not want to continue the practice. In both countries, some collective action was initiated and 'positive deviants' have emerged among the younger girls who do not want to be cut. Traditional leaders in both countries had to begin to address the protection of those wishing to remain uncut, something never-before addressed. Support for abandonment of the practice doubled in Ethiopia, but in Kenya, findings on this indicator were mixed. Traditional leaders began to address the needs of girls wishing to remain uncut, and 70 local elders in Ethiopia made a public declaration that girls would no longer be cut in their villages. 9/99 - 4/04 (Completed)

► Final Report: "Testing the effectiveness of integrating community-based approaches for encouraging abandonment of female genital cutting into CARE's reproductive health programs in Ethiopia and Kenya"

http://www.popcouncil.org/pdfs/frontiers/FR_FinalReports/CARE_FGC.pdf

► Related Report: "At the intersection of health, social well-being and human rights: CARE's experiences working with communities toward abandonment of female genital cutting (FGC)" http://www.popcouncil.org/pdfs/frontiers/reports/CARE_FGC.pdf

GTZ/MOH model – Kenya

Technical Cooperation with the Ministry of Health (MOH)/(GTZ) Anti-FGC Project in Kenya. FRONTIERS provides technical assistance to the MOH and GTZ in support of interventions to encourage the abandonment of FGC that are currently being introduced in several parts of Kenya. Technical assistance includes: (1) Documenting systematically interventions that test innovative approaches promoting the abandonment of FGC; (2) Contributing evidence from interventions that have worked among similar populations in other settings; (3) Designing data collection instruments to ensure that all key indicators are measured validly and reliably; and (4) Organizing dissemination activities within Kenya to ensure that findings are effectively communicated to appropriate audiences. At this stage, several baseline studies have been completed or are underway, and the results are being used to design context specific interventions. The emphasis is on interventions that used existing community-level structures, including official and traditional leaders, health and education ministry staff, etc. 6/03 – 10/07

Explaining FGM/C

Medicalization – Kenya

Understanding the Meaning of FGC and Medicalization of the Practice in the AbaGusii Community. FRONTIERS staff investigated beliefs, attitudes and behaviors concerning FGC among the AbaGusii ethnic group that lives in Nyanza Province in western Kenya, among which about 95 percent of women are cut. The DHS and other research has indicated a trend towards medicalization of the procedure among this group, that is, having medical personnel perform FGC rather than traditional practitioners. The study confirmed that following many years of anti-FGC campaigns that highlighted the health risks of FGC, and more recently the legal ban on the practice, the vast majority of cutting is now done by medical staff. It usually takes place at the girl's home or community, and often in secrecy, thereby stripping the procedure itself of any cultural value. Medical staff appear to be primarily motivated by financial gain. Feedback of these findings to the MOH in these districts led to recommendations that health staff be better educated on the legal and ethical prohibitions against them cutting girls, that their supervisors be encouraged and enabled to impose penalties on those found practising, and that health staff be engaged as change agents within their communities. The study showed that the nearly universal practice of circumcising girls is supported by the belief, both among clients and providers, that FGC fulfils a traditional obligation. Efforts to reduce the complications of cutting had the effect of increasing the role of medical personnel, often as a side business, but have also led to less invasive cuts that are largely symbolic. Both communities and providers are incompletely informed about the legal status of FGC. Anti-FGC strategies must include participation by health staff as advocates for eliminating cutting, and must include community-wide approaches that present FGC in terms of rights and gender as well as health. 8/02 – 6/04 (Completed)

► Final Report: "Medicalization of female genital cutting among the AbaGusii in Nyanza Province, Kenya"

http://www.popcouncil.org/pdfs/frontiers/FR_FinalReports/Kenya_FGC_Med.pdf

► OR Summary: "Kenya: Mobilize health care providers to advocate against FGM/C"

<http://www.popcouncil.org/frontiers/orsummaries/ors60.html>

Infibulation – Kenya

Understanding the Practice of Female Genital Cutting Among the Somali Community and Management of its Complications. FRONTIERS, in collaboration with UNICEF/Kenya and the Italian Development Cooperation, is undertaking a program of work to support the development, implementation and evaluation of community-based and clinic-based interventions to encourage the abandonment of FGC, as well as to manage and reduce the complications among pregnant infibulated women attending clinics for ANC and delivery. A diagnostic study has recently been completed, confirming that infibulation among Kenyan Somalis is virtually universal, and that there is a strong belief that it is a religious requirement. Repression of sexual expression, especially among non-married women, is also one of the major reasons given for the practice. High levels of health, sexual, psychological and marital problems associated with infibulation were reported, individually and in focus groups. Re-infibulation after delivery is common, and appears to be becoming increasingly medicalized if delivery is in a facility. A two-pronged response has been identified: 1) address the religious underpinning through involving imams and women leaders, and 2) improve medical care for pregnant infibulated women. Project duration: 7/04 – 9/04 (Completed)

► Final Report: "Female genital cutting among the Somali of Kenya and management of its complications" http://www.popcouncil.org/pdfs/frontiers/FR_FinalReports/Kenya_Somali.pdf

► OR Summary: "Kenya: Begin community dialogue on FGM/C by discussing cultural justification"

<http://www.popcouncil.org/frontiers/orsummaries/ors59.html>

Management of FGM/C-related complications – Kenya

Managing and Preventing FGM/C Among the Somali Community In Kenya. This project, which builds upon findings from the FRONTIERS study on attitudes toward FGM/C among Kenya's Somali community (see above), seeks to improve the health system's capacity to provide essential obstetric care to women who have undergone FGM/C, and to encourage abandonment of the practice. Major activities include development of a training curriculum for the management of pregnancy, delivery, and postpartum care for cut women. In addition, the project will conduct clinic strengthening aimed at improving the quality of maternal care services in Wajir and Mandera districts. To stimulate discussion of FGM/C in this very traditional society, the project will also work with religious leaders to generate consensus that FGM/C is not a requirement of Islam. In Wajir district, the project will also initiate community-based interventions to stimulate discussion of the belief that Islam mandates FGM/C, initiate community dialogue around the norms requiring FGM/C as insurance of sexual purity and acceptability for marriage, and encourage broad discussion of issues related to gender norms and community beliefs about FGM/C. Project duration: 6/05 – 6/07.

► Project publications: "A religious oriented approach to addressing FGM/C among the Somali community of Wajir [Kenya]"

► "FGM/C Baseline Survey, Wajir District [Kenya]"

► "Female Circumcision from an Islamic Perspective"

Available free of charge upon request from frontiers@pcdc.org

Reasons for declining practice – Burkina Faso

Is Female Genital Cutting (FGM/C) Declining in Burkina Faso? An Assessment of the Evidence. FRONTIERS is completing a study that seeks to determine whether the apparently

rapid decline in FGM/C in Burkina Faso observed over the past decade is actually a real decline, and if it is, which factors have been influential in this trend. The study has drawn from the large body of surveys and qualitative research undertaken in the country over this period of time, and has assessed the relative role of interventions such as the introduction of a law, mass media campaigns, community-level mobilization programs, and other social and economic factors. The study included collection of primary data from communities and individuals to gain a better explanation of the social processes observed. Project duration: 1/05–7/06 (Completed – Final Report pending)

Impact of public declarations – Senegal

Evaluation of the Long-term Impact of the Tostan Program on the Abandonment of FGM/C and Early Marriage. This project evaluated the long-term impact of the Tostan Program on the abandonment of FGM/C and the abandonment of child marriage as it is associated with FGM/C. Evaluations of the Tostan program community education program show that participants have greater knowledge and understanding of human rights and reproductive health. Approval of female genital mutilation/cutting (FGM/C) decreases in areas where Tostan has been active, and community declarations of intent to abandon the practice are part of the program. This project sought to determine the long-term effects of these changes in knowledge and attitude. Working with UNICEF, MACRO, CRHS, and Tostan, FRONTIERS evaluated the Tostan program and its impact in Senegal, evaluated post-declaration attitudes and practices regarding the abandonment of FGM/C and the abandonment of child marriage as it is associated with FGM/C. Project duration: 10/05-9/06 (Completed – Final Report pending)

Analysis of interventions – Egypt

Critical Analysis of Female Genital Cutting (FGC) Case Studies in Egypt. Researchers analyzed the activities of 15 Egyptian nongovernmental organizations (NGOs) involved in programs to encourage the abandonment of FGC and developed recommendations on best practices. To make these programs more effective, the project recommended that the NGOs form a coalition, engage in advocacy to raise awareness among policymakers, train activists in communication skills, and evaluate the impact of their programs.

Project duration: 8/99–2/00 (Completed)

► Final Report: "Critical analysis of interventions against FGC in Egypt"

http://www.popcouncil.org/pdfs/frontiers/FR_FinalReports/Egypt_FGC.pdf

Monitoring & Evaluation

International workshop on research and evaluation methods for FGC – Nairobi

In April 2002, FRONTIERS, along with GTZ, PRB, WHO, and other partners, held a consultative meeting to review methodological issues concerning research on interventions to encourage the abandonment of FGC.

► "Using operations research to strengthen programmes for encouraging abandonment of female genital cutting: Report of a consultative meeting on methodological issues for FGC research, April 9–11, 2002, Nairobi, Kenya," http://www.popcouncil.org/pdfs/frontiers/nairobi_fgcmgtg.pdf

Training in M&E for FGM/C NGOs – Kenya

In July 2003, FRONTIERS organized and presented a two-day workshop attended by representatives of over 25 NGOs from all over Kenya. The workshop objective was to provide

training in the roles that monitoring, evaluation and research could play in improving the way that NGOs plan and undertake their FGM/C-related activities. The workshop included sessions on the LogFrame approach to designing, monitoring and evaluating projects, defining indicators and collecting measurement data, and communicating and using the results from evaluation and research.

Operationalizing the M&E component for the National Plan of Action – Senegal

In October 2003, FRONTIERS (in collaboration with WHO, GTZ and UNICEF) assisted the Ministère de la Famille, du Développement Social et de la Solidarité Nationale to convene a workshop that developed a LogFrame for the National Plan of Action, and developed objectives, potential activities and indicators for the plan.

Resource persons for RainbQ’s REM Project – London and Cairo

Staff from FRONTIERS have acted as resource persons for the Research Evaluation and Monitoring Project implemented by RainbQ. This project brought together a committee of experts that reviewed FGM/C indicators and their use in monitoring and evaluating various anti-FGM/C interventions, and developed a shortlist of indicators that they recommended be used when designing and evaluating programs. The ultimate product of this project will be an interactive CD-ROM that will be used for training in project design and evaluation.

Technical Assistance

National programs

Guinea: Technical Assistance to Organizations Seeking to Reduce FGM/C in Guinea. FRONTIERS collaborated with the Ministry of Health (MOH), the World Health Organization (WHO), and the Committee Fighting Traditional Practices that Harm Women (CPTAFE) to provide technical assistance to organizations seeking to improve strategies to encourage abandonment of FGM/C in Guinea. The project helped WHO to develop appropriate design, monitoring, and evaluation indicators for an operations research project on the medicalization of FGM/C. It also developed the capacity of Guinean organizations to appropriately monitor and evaluate their FGM/C-related activities. Project duration: 5/04–12/05 (Completed – Final Report pending)

Kenya: Technical Assistance to the National Focal Point and the Ministry of Health

In addition to assisting the Kenyan MOH (together with GTZ) to design and implement its large-scale FGC abandonment program, FRONTIERS staff have also actively assisted the ‘National Focal Point on FGM’, a non-governmental body that coordinates the activities of over 100 organizations actively engaged in FGC activities. FRONTIERS staff sit on various committees and provide expert assistance in communications and research issues. Project duration: 6/03–5/07

International programs

The Population Council also manages the International Network to Analyze, Communicate and Transform the Campaign Against FGC/FGM/FC (INTACT Network), www.intact-network.net. The most crucial function of this network, which differentiates it from other networks, is to bring scientific evidence and analysis to bear on the practice of FGM/C and the societal changes needed to see its demise. The network was launched following a meeting at the Bellagio Conference

Centre between April 29 and May 3rd, 2002 organized by the Population Council to review the status of Female Genital Mutilation/Cutting (FGM/C) research, identify important gaps, and propose research priorities.

International organizations that FRONTIERS partners with:

- INTACT
- USAID IWG/FGC
- UNICEF/Kenya
- UNICEF/West and Central Africa
- UNICEF/NY
- DHS
- Swedish Board of Health
- International Center for Reproductive Health (ICRH) and WHO
- WHO/Geneva
- WHO/AFRO

Lessons Learned from OR

- Many interventions now operating in a rapidly improving environment
 - Focus on sustaining and accelerating change
 - Initiate change where FGM/C is entrenched
- Be selective in supporting interventions and be clear about goals.
- Develop intervention to match specific situation and stage of behaviour change
 - Participatory diagnosis of situation and needs is critical
 - Locate FGM/C in wider socio-cultural and economic context and in gender context – not in isolation

What is the Role for OR in the Future?

- Understand reasons for endogenous changes and identify interventions for sustaining and accelerating
- Focus where infibulation practiced, but avoid stimulating reduction in severity and medicalization
- Strengthen medical systems to manage health and psycho-sexual effects
- Use FGM/C as entry point to addressing gender relations and inequalities

For a copy of the recent CD-ROM, "Female genital mutilation/cutting: Publications on research in FGM/C—Mutilations génitales féminines: Publications sur la recherche concernant l'excision," FRONTIERS CD-ROM. Nairobi: Population Council, please send an e-mail to: frontiers@pcdc.org