

**Review of Female Genital Mutilation/Cutting
(FGM/C) Projects in Eritrea
5-14. March 2007**

Final Report



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Contents

Contents.....	2
Abbreviations and Acronyms	3
1. Background.....	4
1.1 Purpose of the Review.....	4
1.2 Review Process.....	5
2. FGM/C in Eritrea	5
2.1 Prevalence and Trends.....	5
2.2 National Strategy	6
2.3 Brief Overview of Actors Involved in FGM/C in Eritrea	7
3. The Two Projects - Status.....	8
3.1 NUEW - "Anti - FGM/C Campaign"	8
3.2 NCA - Briefly About the Present Situation	10
4. Methodologies in FGM/C Abandonment	11
4.1 Experience and Approaches.....	11
4.2 The UNFPA/NUEW Project - Methodologies and Project Design	13
5. Administrative and Operational Aspects.....	20
6. Reporting	22
7. Summary of Observations and Recommendations	23
References.....	26
Annex I Terms of Reference	27
Annex II Programme	30

Abbreviations and Acronyms

ANC	Ante Natal Care
ARSH	Adolescence Reproductive and Sexual Health
CA	Change Agents
CPAP	Country Programme Action Plan
FGM/C	Female Genital Mutilation/Cutting
FRHAE	Family and Reproductive Health Ass. of Eritrea (closed 2006)
GTT	Global Task Team (on improving AIDS Coordination)
MCH	Mother and Child Health
MoE	Ministry of Education
MoH	Ministry of Health
MoLHW	Ministry of Labour and Human Welfare
MTR	Mid Term Review
NATCod	Nat. HIV/AIDS/STI and Tuberculosis Control Division
NCA	Norwegian Church Aid
NOK	Norwegian Kroner (app. 6,5 NOK = 1 US\$)
NUEW	National Union of Eritrean Women
NUEYS	National Union of Eritrean Youth and Students
RH	Reproductive Health
SCI	Sara Communication Initiative
SRHR	Sexual and Reproductive Health and Rights
UNDAF	United Nations Development Assistance Framework
UNFPA	United Nation Population Fund

1. Background

Norway has since the beginning of the 1990`s supported Norwegian Church Aids' (NCA) work to combat FGM/C in Eritrea. As the evaluation of NCA`s pilot project on FGM/C, undertaken in 2005, was positive, it was decided to continue the Norwegian support so that the project could be replicated in other areas. An agreement on NOK 7. million for 5 years was signed in April 2005 for the project: "NCA - Combating FGM/C in Northern Red Sea Region." Due to delays in obtaining an operational permit, however, the project has not yet started.

As abolishment of FGM/C is given high priority both by the Government of Eritrea and by the Norwegian government, ref. the "Norwegian Plan of Action against FGM" launched in 2003, the Norwegian Embassy in Asmara indicated willingness for a broader support for this purpose. Thus, an agreement on NOK 3.6 million for 4 years was signed with UNFPA in August 2005, for the support of "The Anti-FGM/C Campaign" project, implemented by the National Union of Eritrean Women (NUEW) in Zoba Debub (region).

1.1 Purpose of the Review

This review is a bit premature, as the one project has not yet started, and the other one has recently started (2006). Even so, it was part of the agreement with UNFPA/NUEW, that a review should be undertaken after Phase I in order to:

- Assess administrative and operational aspects
- Review the methodologies chosen and level of coordination
- Provide recommendations on possible amendments in the process

As the NCA project has not yet started, and the project proposal will be revised, the main focus of this review will be on the UNFPA/NUEW project. TOR for the review is attached in Annex I.

The review was carried out during March 6-14, 2007 by a team of professionals composed of:

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1.2 Review Process

The Team has gone through documents and reports available. The Team has also had meetings with the partners and other key actors involved in FGM/C in Eritrea, and field trips to Segeneiti, Kodofelasi and Mendefera. The Team is well aware of the limitations of such a brief exposure, and also the fact that the UNFPA/NUEW project has barely started. The observations, reflections and recommendation should be seen in light of these. The review programme is attached in Annex II.

2. FGM/C in Eritrea

The following brief overview is based on information gained from informants and documents available.

2.1 Prevalence and Trends

Organised efforts to abolish FGM/C in Eritrea started already during the struggle for independence. In 1983 EPLF initiated a programme with emphasis on maternal health, where eradication of harmful traditional practices, including FGM/C, was given high priority (*Worku Zerai and interview with Miss Leul Gebreab*). The key strategies were based on a health approach, with intensified health education and training of TBAs. Since then, many campaigns have been undertaken, aiming at combating FGM/C. Even so, the last Demographic and Health Survey (DHS) in 2002 reveals a national prevalence rate of 89%. This shows only a slight decline since the DHS in 1995, which was the first survey on FGM/C ever conducted in Eritrea, indicating a prevalence of 95%.

This report will not go into a detailed analysis of the data available, this can be found elsewhere, but only list some of the trends observed:

- There seems to be a general slight trend of declining prevalence (*EDHS: 2002*)
- Most people consider FGM/C to be a social good and best for the girl, preserving virginity and fidelity, and increasing the girl's chance of getting married.
- There is a growing awareness within the communities of the harmful consequences (*EDHS: 2002*)

- Education and age seem to be important variables. Older people and illiterate seem to be more resistant to change (*Interviews in Kodofelasi and Mendefera*)
- FGM/C is more common in rural than in urban areas (*National Strategy:2006*)
- The religious leaders at national level are declaring that FGM/C is a cultural and traditional practice, not linked to religion (*Worku Zerai, Interview with religious leaders and NCA report 2003*)
- Christians seem to be more receptive to change than Moslems (*FGM Debub baseline survey:2006*)
- Infibulation is more common in the Moslem communities (*Worku Zerai:2003*)
- A tendency to shift from infibulations to less harmful practices (clitoridectomy) has been observed
- Many women report FGM/C-related problems

What is really striking, however, and special for Eritrea, is that most of FGM/C is undertaken during infancy, between one week and one month. More than 90% are circumcised before the age of one year (EDHS: 2002, Worku Zerai: 2003). In Zoba Debub the cutting is most often performed without any celebrations associated with it and is said to be a private family exercise. This should have implications for the strategies chosen, and work on FGM/C in the ante natal and post partum care services should be given due attention.

2.2 National Strategy

The "National Strategy on Female Genital Mutilation (FGM/C) Abandonment in Eritrea" was partly funded as part of the UNFPA/NUEW project. According to MOH, the strategy was finalized in 2006, even if the word "draft" has not been deleted. The approach will be multi-sectoral and multi-disciplinary, and

- Involve relevant ministries as Ministry of Education (MOE), Ministry of Labour and Human Welfare (MLHW), Ministry of Justice (MOJ), Ministry of Information (MOI) in addition to Ministry of Health (MOH).
- Ensure a high level of community participation as a crucial element
- Encourage involvement of local administrators, religious and other community leaders
- Highlight gender and social equity in addressing FGM/C
- Support male involvement in the process of change

- Promote integration into ongoing programmes as Reproductive Health, HAMSET II and Primary Health Care
- A national baseline survey on FGM/C will be conducted
- Ensure strengthened coordination and careful monitoring and evaluation
- Develop appropriate legislation

The national strategy underlines the importance of a broad multi-disciplinary approach, gender equity and community mobilisation, aiming at an integrated and participatory process. This is in line with experience elsewhere, which indicates that a major precondition for success is clearly a holistic, participatory, community-based approach, implemented in cooperation with local government and influential persons in the communities. Mainstreaming at national level should be followed by project work and scaling up at the local level.

A national multi-sectoral Anti-FGM/C Body has been appointed, and a Coordinating Committee with MOH as the lead agency, NUEW as the secretariat and NUEYS as a member has been established. (*Interview with NUEW, MOH and National Strategy on FGM/C: 2006*). The strategy will in the near future be followed by an Action Plan, which is still in draft and was not available to the Team. It is therefore a bit premature to discuss issues related to implementation.

A proclamation on FGM/C is already in place and some by-laws have already been introduced at zoba level. There are different opinions about the need for a law at this stage, as several of the informants felt that awareness building should be given more time before penalties being introduced.

It is the impression of the Team, that there is a strong commitment by the Government of Eritrea to go for a concerted and collective effort in order to abandon FGM/C in Eritrea. The attempts up to now seem to have been too narrow in focus and at the same time too fragmented in different geographic areas, to have a real impact.

2.3 Brief Overview of Actors Involved in FGM/C in Eritrea

Compared with the neighbouring African countries, Eritrea has collaboration with very few international NGOs. NCA is one of the largest, and its history in Eritrea goes back to the struggle

for independence, where NCA`s effort in food aid was crucial. In addition to NCA, the following international NGOs are present: CARE International, Catholic Relief Services (CRS), Dutch Interchurch Aid, Lutheran World Federation, Oxfam GB and Refugee Trust.

The Team had meetings with most of the NGOs during the review and found that it is mainly NCA, CARE international and Lutheran World Federation who are, or have been, involved in the area of FGM.

3. The Two Projects - Status

3.1 NUEW - "Anti - FGM/C Campaign"

The agreement was signed in August 2005. The implementation, however, was delayed until late 2006 due to recruitment problems in the NUEW. The funds are being channelled through UNFPA, and the Anti-FGM/C Campaign activities are now integrated in the Joint Programme on abandonment of FGM/C as part of UNFPA's Country Programme Component on Gender (2007-2011). Thus the approach is emphasizing gender and human rights.

The project has identified the following outputs:

- 1. The knowledge and awareness of community members on the harmful effects of FGM/C, RH rights and gender equality improved and attitude and behavioural change occurred.*
- 2. The awareness of traditional circumcisers on the harmful effects of FGM/C increased, and their services abandoned.*
- 3. The institutional capacity in the local anti-FGM/C Committee in planning, implementation, management and monitoring of anti-FGM/C strategies at the Zoba level enhanced.*

The first step in implementation was to undertake a baseline survey and a situation analysis in 4 sub-Zobas in Zoba Dehub, describing the situation prior to the project. The survey was designed in a participatory way as a first step in the sensitization of the community. Information was gathered through interviews and focus group discussions. There were, however, only female respondents to the structured questionnaires. These four sub-Zobas are said to be relatively representative for the whole Zoba.

The next step in the project was to train key facilitators and develop IEC materials. Several meetings, including meetings within the government structure, were organized in order to clear the ground for the project.

The establishment of Anti-FGM/C committees at sub-zoba level is a key strategy. The committees comprise of 7-12 members each, including persons considered influential in the communities, as local administrators, women activists, teachers, elders, religious leaders, traditional circumcisers, health workers and representatives from the National Union of Youth and Students (NUEYS). These are the main change agents in the project. Training of the committee members has been completed, 12 committees and a total of 88 persons have been trained.

The main intervention is outreach activities to the target population. These are women, men, girls and boys in the villages of Debub zoba. The anti-FGM/C campaign committees have since January 2007 been organizing various kinds of meetings and campaigns in all the 12 sub-zobas. Meetings have been organized in schools, health centres, villages or in bigger gatherings collecting several villages. The purpose has been to inform and open up for discussions on issues related to FGM/C, gender and reproductive health and rights. Furthermore, a separate mass media campaign in the national radio has been broadcasted, but needs further refinement.

The next step will be to arrange workshops for the Anti-FGM/C committees, sharing experiences and discuss how to proceed. (*Interview with NUEW staff in Zoba Debub*).

NUEW's organizational structure extends from the national to the local level with offices at zoba and sub-Zoba level. The head quarter is in Asmara, and NUEW has offices with permanent staff at zoba as well as at sub-zoba level and organizational units at village level. NUEW has about 200,000 members in Eritrea, and the meetings they organize at village level are usually popular and well attended.

Project design has been changed during the planning process, as the stakeholders at zoba and sub-zoba level had different views from what was originally planned. The Anti-FGM/C committee members are now the ones that have been trained as change agents, and the project is covering all

the 12 sub-Zobas in Zoba Debub, instead of only four, that was originally planned for. Thus, the project is aiming at a flexible approach, sharing experiences during the process and opening for locally adapted interventions. Budget implications will have to be discussed.

3.2 NCA - Briefly About the Present Situation

NCA has been active in the area of FGM/C for many years, and is considered as a pioneer in the field of FGM/C in Eritrea. NCA has finished the pilot project on FGM/C and gender. An evaluation undertaken in 2005 (*Worku Zera*) was positive, and recommended the project to be continued with some amendments. Some of the main findings and recommendations in the evaluation were:

- Change among religious leaders regarding disconnecting FGM/C from religion is considered one of the big achievements in the project. NCA is advised, however, to continue to build skills and awareness among religious leaders, especially at sub-Zoba and village levels, as most of them were found to not part from their old traditional and cultural values.
- Among the Christians in the target group of NCA`s pilot project, there was a willingness to stop the practice, while among the Muslims the tendency was to shift their practice from infibulations to clitoridectomy. Not all the community immobilizers, which were key change agents in the project, were convinced that all types of FGM/C were harmful. The evaluation suggests to make an effort to convince, train and build capacity of the community mobilizers before the next project phase begins.
- Gender relations should have been addressed early in the pilot project. The evaluation suggests that NCA should build capacity on gender among its staff and partners. Both gender and human rights were found to be lacking in the awareness raising sessions.
- The project did not target schools and teachers, and this was seen as a lost opportunity.

For the last eight months, NCA has been awaiting operational approval from the government and is presently not working on FGM/C in Eritrea. In the meantime, NCA will revise the project proposal in line with the recommendations from the evaluation. The issue of gaps in knowledge and attitude between religious leaders at national and local level should be paid attention to, and teachers and local leaders should be involved. NCA is also advised to undertake a baseline in the project areas in order to assess progress and results. The baseline made for the NUEW project could serve as a

guide. The revised project proposal should be in line with the national strategy and align to the present context on FGM/C in Eritrea. NCA should, through dialogue with MoH, NUEW and UNFPA, secure that the project is in line with the new coordination efforts in Eritrea. NCA should also consider the possibilities for integrating gender issues and FGM/C in ongoing activities.

4. Methodologies in FGM/C Abandonment

4.1 Experience and Approaches

Systematic reviews of experiences from many programmes in different countries have provided knowledge on why FGM/C persists and what elements should be part of the methodology to abolish it. FGM/C interventions should be:

Contextualized: The local conditions surrounding FGM/C, including the age at circumcision, the type of cutting, the characteristics of the practitioners and the meaning and justification of the practice must be the basis for all FGM/C projects.

Community-based.: FGM/C is a community practice and is therefore most effectively abandoned by the community acting together. Mothers are often aware that the practice causes harm, but even so consider cutting to be the best for their daughters and a part of raising them properly. This obligation is a social convention, and the social pressure tends to perpetuate the practice. Various community-based approaches have been undertaken successfully. Public declarations of the commitment to abandon the practice have been important milestones and may take various forms, like pledge groups of parents promising not to cut their daughters, or a joint public declaration on the part of communities.

Participatory: The most successful programmes are participatory in nature and imply a shift from delivering messages and making judgemental statements, to facilitate dialogues. They also imply a shift from individual behaviour to collective change. Interventions need support from local stakeholders and need to identify *change agents*. The kind of support and the choice of change

agents will vary, and may include community and religious leaders, teachers and health workers, various social groups and pledge groups.

Creating space for discussions on sensitive issues, in which people feel confident to share their experience and views openly in a non-judgemental environment, tends to bring down the costs of FGM/C.

Holistic: Awareness raising and abolition campaigns have a better chance of succeeding if FGM/C is approached in a holistic way and related to other aspects of people's lives. Even if FGM/C is a very concrete and specific practice, there is a widespread consensus that the approach should be integrated, including gender, reproductive health and right issues, as well as HIV prevention. Projects should preferably not begin with singling out FGM/C in a one-dimensional approach, but identify entry points, being appropriate in the local context.

Circumcisers are often addressed both as a target group and as change agents.

Providing alternative income opportunities for practitioners is a controversial strategy and both successes and failures have been reported. Addressing the supply side and support practitioners in stopping the practice, may complement other approaches which address changes in the demand for the practice.

Mass media have an important role to play in bringing FGM/C issues into the public debate. Videos on the subject may have great impact as eye openers, especially in enlightening men. The impact of media has been particularly strong when videos and radio programmes are followed up in community discussions in an organized way. There are examples where national media coverage of public events like communities denouncing FGM/C, alternative ceremonies or public weddings where the bride is uncut have brought the events on top of the national headlines.

Soap operas are often used as part of behaviour change communication on personal issues such as HIV/AIDS and gender violence, including FGM/C. Some soaps run for months and some even for years, being very popular. Methods in order to monitor and analyse impact of soap operas used in

behaviour change communication have been developed. UNFPA is one of the organisations who have experience in this area.

FGM/C as a Health Issue

This has been the most common entry point for FGM/C abolition. While awareness of the harmful health consequences of FGM/C is essential for change, the experience from many countries indicates that a too narrow focus on health risks does not necessarily result in abandonment of the practice. The shift from infibulation to less extensive cutting (clitoridectomy) has been reported from many places in Eritrea and elsewhere. In some countries the practice is being medicalized, as FGM/C is increasingly being performed by health personnel. These shifts may contribute to transforming and perpetuating the practice.

FGM/C as a Gender Issue

FGM/C is a manifestation of gender inequality in every society in which it is practised. This may however, not be recognised by those who perpetuate the practice. Although women are the practitioners in most cases, the role of men in perpetuating the practice should not be underestimated. Since men decide about children's marriages, they often take interest in FGM/C as part of bringing up their daughters properly. Targeting women in terms of empowering is important, but not sufficient. Both men and women have to be included in the efforts to abandon the practice.

FGM/C as a Human Rights Issue

Any form of genital cutting is a violation of women's and children's basic human rights. This is a perception that has evolved over time and is now being addressed in international law. Programmes which combine community-based and participatory approaches with empowerment and education on human rights have proven particularly powerful. Tostan Community Empowerment Programme in Senegal has achieved substantial results, as have Kembatta Women's Self Help Centre in Ethiopia.

4.2 The UNFPA/NUEW Project - Methodologies and Project Design

In this section observations and reflections related to the approaches chosen in the project are discussed.

The project document draws upon international experience, as well as experiences gained by previous FGM/C interventions in Eritrea by the MoH, NUEW, NUEYS, NCA and others. The analysis and strategies presented emphasizes *the gender and human rights approach*, focusing on discrimination against women and FGM/C as gender based violence. The project document states that substantial attention will be given to gender and human rights issues, since addressing FGM/C simply from medical perspectives has proven to be ineffective.

This is a challenge that should be given priority during the training and follow up, as the medical issues are much easier to communicate. This is particularly so when messages are delivered in a traditional way, and not opening up for interaction.

The participatory, community-based and multi-disciplinary approach chosen by NUEW is clearly in line with the national strategy, and is also in line with the Norwegian Plan of Action against FGM/C. To accomplish this approach, will however be a challenge for NUEW, as such an integrated approach will be much more demanding in terms of financial and human resources than a more one-dimensional, authoritarian approach, which is throwing messages top-down to the communities.

The national strategy on FGM/C underlines the importance of an integrated and multi-sectoral approach. This is, however, not sufficiently reflected in the project document, even if the structure has got very clear potentials for a more integrated and holistic approach. As the Anti-FGM/C committees consist of officials from relevant line ministries, women activists, religious leaders, youth and influential members of the civil society these potentials should be actively utilized.

This makes it possible to include interventions in schools, health centres, media work etc. HIV prevention and reproductive health and right issues should be considered part and parcel of the awareness work. It is a general experience, however, that it is demanding to work across ministerial borders, and this should be given a special effort.

As an overall assessment, the project document is based on national and international experience and agreed principles, and in line with the national strategy on FGM/C. The big challenge will be the implementation, particularly in achieving an integrated, participatory and multi-sectoral approach, emphasizing gender and right issues.

The Team wants to address the following observations and issues more specifically:

Participation

The meetings observed at the field trips were well attended, and those who took the floor, both men and women, seemed to be confident to speak their mind, both for and against FGM/C. The facilitators from the communities did a good job in encouraging participation and interaction.

Opening up a space for discussing sensitive issues as FGM/C, HIV prevention, gender, reproductive health and right issues etc. in the villages, in a non-coercive and non-threatening environment, is considered a key strategy in behaviour change. As large gatherings limit informal interaction, one should try to arrange for smaller gatherings as well, only for a few households or smaller groups. This could be done by training more people from the villages as facilitators.

The capacity of the Anti-FGM/C committees may easily be overstretched if all the out reach work is left to them, and also discussions with less influential facilitators may be perceived as less threatening. The efforts against FGM/C have to be a continuous process over some time, and not only a one time event.

The members of the Anti-FGM/C committee, also being the change agents, are persons considered to be influential and respected in the communities, and this clearly communicates the commitment of the government. At the same time, however, it may weaken the villages' ownership to the process.

The Video

A video often used at village meetings was "*Behind the Curtains of Agony*", produced by MoH and NCA in 2004. The team was able to watch the video at the village meeting in Sengeneiti, and could

observe that it made a strong impression on the audience. The NUEW staff underlined the need for follow up through discussion, which was the reason why the video had been withdrawn from broadcasting on national television.

Two views expressed by some of the participants after the video performance in Segeneiti illustrate this important point. Several community members claimed that infibulation must be stopped while one said that clitoridectomy is acceptable, and some of the men claimed that they had never known anything about this and had nothing to do with it. Thus, one should be careful not to make FGM/C a 'women's issue'. The men may easily cross their hands and blame the women for undertaking the cutting, without the men not really knowing what happened, leaving the women with the guilt.

It is therefore important that gender and human rights issues are taken care of in the dialogue and follow up meetings. FGM/C is a deeply rooted collective tradition, and even if women have been in the front line, there has been a strong, masculine hand behind.

Circumcisers

The experience with targeting circumcisers with micro credit seems to be quite mixed, as many of the circumcisers are old women and not interested in taking up micro credits. Due to this, the micro credit component in the NCA pilot project in the Northern Red Sea was found to be without relevance.

NUEW plans to make a survey of the present circumcisers, assess how many might be interested being involved in income generating activities, and then consider the possibility for linking them up with ongoing micro credit schemes in 4 of the sub-Zobas. The other sub-Zobas in Debub will work as control groups for this intervention. It seems reasonable not to establish new structures for this purpose.

The Team agrees that this intervention should be tested out and handled with some caution.

Public Declarations

The project document reflects some of the internationally documented good practices and refers specifically to the TOSTAN programme in Senegal and the use of public declarations. Promoting public declarations on behalf of the villages has proven to be a powerful step in the process of abolishing FGM/C. As outlined in the project document, the declaration once made in public will work as a community monitoring mechanism, where each community member acts as a watchdog, ensuring that nobody violates the declaration.

It is important, however, that a participatory and non-coercive dialogue takes place in advance of such declarations, so that they actually express commitments and are not being superimposed.

Implementers should generally be cautious on this point. An exaggerated use of informers at the local level may be a threat to the voluntary basis of the project. This is particularly relevant in this project, where the links to government authorities are strong.

Youth Participation

Only few young people were observed during the village meetings. Youth is an important target group in the project, being the first generation actually deciding not to cut their daughters. They are also considered more open to changes.

The youth union, NUEYS, has got the same national structure as NUEW, and they are represented in the Anti-FGM/C committees. NUEYS has an important role to play in the process of abolishing FGM/C, working in schools and with youth elsewhere. They could also mobilize youth participation in the village meetings.

NUEYS informed that the donor funding they received sometimes was too strictly earmarked for specific purposes and thus sometimes making it difficult to work in the more integrated manner they wanted to.

NUEYS has an important role to play in mobilizing young people in the efforts against FGM/C. They should make it very clear, however, when accepting funding, that they are responsible for an

integrated approach towards youth, HIV prevention, FGM/C and other reproductive health and right issues, and will not accept to work in a fragmented vertical manner.

Media

NUEW incorporated an audience research component into to the baseline study to assess the effectiveness of their radio programme. Radio was found to be the most dominant source of messages by those who had been exposed to anti- FGM/C-messages, but the programme produced by NUEW was found to be unknown by the majority of the surveyed population and sporadically followed by those who know the programme. The programme will be redesigned to reflect the findings, and broadcasted once a month for two years. A TV-talk show has been produced and launched at peak hours once a week for one month.

The Team recommends that NUEW harmonizes its radio activities with the youth union radio programme, and maybe for the future explore the use of a soap opera on the radio. Programmes and campaigns through the media will have stronger effect if embedded and followed up at project level.

Introduction of FGM/C Legislation

FGM/C is a deeply rooted cultural and traditional practice. Most people engaged in FGM/C consider it to be a *social good and best for the girl, in spite of the pains involved.*

It is hard to enforce an anti-FGM/C law in communities where the prevalence is high and the awareness is low. Penalties may result in the practice going underground and the work backlash. Therefore, it is important that people receive adequate education to understand both the harmful effects of FGM/C and the law itself.

Indicators

The Demographic and Health Surveys provide national data on FGM/C from 17 countries.

To enhance the possibility for comparison, it has been agreed upon a set of standardised indicators for situation analysis and monitoring progress.

The five standard indicators for situation analysis are:

(1) Prevalence of FGM/C by age cohorts (5 years) age 15-49

- (2) FGM/C status of all daughters
- (3) Percentage of "closed" and "open" FGM/C
- (4) Performers of FGM/C
- (5) Support of or opposition to FGM/C by women and men age 15-49

To assess the effectiveness of interventions three indicators are agreed upon:

- (1) Public declaration of intent,
- (2) Community based monitoring mechanisms to follow up on girls at risk of FGM/C
- (3) Prevalence reduction.

The project's indicators on knowledge, attitudes and behavioural change are of two different types; one being survey questions and the other the number of villages which have made public declarations on abandonment. The surveys will be carried out for midterm and final reviews, and will mostly reiterate the questions in the base line survey, while extending the survey group to include boys, girls and men. Circumcisers will be a separate survey group.

These are clearly relevant awareness change indicators when compared to base line data. Formulating questions in accordance with the indicators used for the Demographic and Health Surveys would help getting data which can be easily compared to the national data (Eritrea DHS) and should be considered. Data on prevalence to girls under the age of 15 are based on answers to FGM/C status of all daughters, which in the Eritrean setting with infant circumcision means that a drop in prevalence among the actual survey group will not be detected until many years later.

As mentioned above, public declarations of intent to change are one out of three indicators agreed upon to assess the effectiveness of programmes on FGM/C abandonment. The ultimate measure is of course drop in prevalence, and in between those two there is a range of community based monitoring mechanisms for following up on girls at risk. None of these are straight forward in use. Public declarations may stimulate coercive and directive interventions locally, and the various community based monitoring mechanisms may prove difficult to balance against encouraging informing against family and neighbours. Clear milestones would be difficult for the Team to define,

but public declarations by individuals or pledge groups, for instance parents promising not to cut their daughters, might be considered.

5. Administrative and Operational Aspects

Norway is a strong supporter of the UN-system. When funding specific programmes through the UN-system at country level, however, the added value of channelling funds through a UN partner should be clear.

Capacity

The capacity within UNFPA to follow up the FGM/C project with NUEW seems to be sufficient. A programme officer (JPO) has been designated for this work. The forthcoming joint programme on abandonment of FGM/C under the UNDAF, will be coordinated by UNFPA. This will bring UNFPA in close contact with UN technical staff in other agencies on thematic areas important to FGM/C as gender issues, health, education and human rights. The interaction between UNFPA and NUEW seems to be informal and positive, and they meet frequently.

According to UNFPA and NUEW, the capacity within NUEW for this project is sufficient, with the new project staff in place. If they are going to expand to other areas, however, they will need more staff in the head quarter. With regard to staff at the lower levels, NUEW has a unique structure down to the grassroots, which definitely has the potentials for developing a national FGM/C movement. The capacity with NUEW should be monitored jointly by NUEW and UNFPA during the span of the project. If there are major capacity constraints, measures should be taken accordingly.

The workload of the Anti-FGM/C committee members, however, should be carefully observed. Training of additional community members for facilitating smaller group discussions should be considered. UNFPA could support NUEW in developing a capacity development strategy to ensure future capacity strengthening.

Thematic, technical backstopping

With regard to UNFPA's role in terms of technical backstopping on the various thematic issues such as gender, SRHR, FGM/C and HIV/AIDS, the project document does not give any indications on what kind of support could be relevant. Even so, NUEW staff was very clear on the need to strengthen the focus on gender equity and reproductive health and rights in the project, and felt that the training manuals should be more specific on this.

The Team sees interesting potentials for cross-fertilization with regard to the plans UNFPA has for approaching FGM/C in a broader and more integrated way. This is, in principle, also the intentions of the NUEW project, as they have acknowledged that a narrow anti-FGM/C approach is not sufficient.

Thus, it would be useful if UNFPA and NUEW could sit down together and discuss how UNFPA could contribute in capacity strengthening on i.e. gender issues, HIV prevention, reproductive health and rights and a more integrated approach. UNFPA will, if needed, have the possibility to draw upon the technical team in Addis Ababa and other relevant resource persons.

Monitoring and Evaluation

Within the Anti-FGM/C project, UNFPA is responsible for the disbursement of funds to NUEW, as well as for all internal procurement within the project. UNFPA is monitoring the project implementation through reports from NUEW and visits to the project areas. According to the plan, there will be quarterly monitoring visits and follow-up.

The monitoring and evaluation system suggested in the project document has, however, been changed and it is not yet fully implemented. According to the project document, training on result based monitoring and evaluation was supposed to be conducted by the UNFPA Country Support Team (CST). It has been delayed and is scheduled for 2007. As it seems urgent to strengthen the monitoring and evaluations system, this should be given high priority and if possible, speeded up. As transport is a scarcity and the field workers going into the rural areas are very few, the resources should be utilized in the best possible way.

In stead of parallel vertical interventions on FGM/C, reproductive health and right issues, HIV prevention, gender issues etc., there should be an integrated approach where facilitators go out in the communities, dealing with all these issues, as they are all part of the same context.

6. Reporting

NUEW is reporting on a quarterly basis to UNFPA, including activities undertaken according to work plan, results achieved and a financial report. The reports are, according to UNFPA, received timely. The reports do, however, focus more on activities undertaken rather than results. As the project has recently started, this is understandable, but it also underlines the need for strengthening the monitoring and evaluation system. The financial reporting and management structure should be assessed more in-depth during the Mid Term Review of the project.

Coordination and complementarity

As the projects have barely started, there is not much to coordinate yet. What is important, however, is to ensure links to other ongoing activities, relevant for the project.

Challenges

The main challenge regarding the administrative and operational aspects of the 'Anti-FGM/C Campaign' is to develop and implement a monitoring system, which also needs to be monitored by UNFPA. It is furthermore important to strengthen the focus on results in the reporting on all levels in the project.

It would also be interesting to document synergies between the Anti-FGM/C project and the forthcoming joint UN programme on FGM/C and gender, as well as the NCA project when started.

7. Summary of Observations and Recommendations

- It is the impression of the Team that there is a strong commitment by the Government of Eritrea to go for a concerted and collective effort for the abandonment of FGM/C. The "National Strategy on Female Genital Mutilation (FGM/C) Abandonment in Eritrea" was finalized in 2006, and will in the near future be followed by an Action Plan which is still in draft. The national strategy underlines the importance of a broad multi-disciplinary approach, gender equity and community mobilisation, aiming at an integrated and participatory process. Mainstreaming at national level, should be followed by project work and scaling up at the local level. This will be the real challenge in implementation.
- In Eritrea, most of FGM/C is undertaken during infancy, between one week and one month, and it is said to be a private and individual exercise. This has implications for the strategies chosen for abandonment of FGM/C practice. Hence, due attention should be given on how to work on FGM/C in the antenatal and postpartum care services. Moreover, evidence indicates that there is a tendency to shift to less harmful circumcisions and this has a high potential for back-lashing and should be seriously considered.
- The UNFPA/NUEW programme has recently started, and it is too early to draw any conclusions on the work in the field. NUEW has stated in the programme document that the health approach is too narrow; on the other hand, gender and right issues should be much higher on the agenda. This is a challenge that should be given priority during the training and follow up, as the medical issues are much easier to communicate.
- There seems to be a widespread opinion that the approach to abolish FGM/C should be holistic, including gender, reproductive health and right issues as well as HIV/AIDS prevention. The multi-disciplinary and community-based approach chosen by NUEW is clearly in line with the national strategy. Furthermore, as transport is a scarcity and field workers going into the rural areas are very few, the resources available should be utilized in the best possible way. Thus, instead of parallel vertical interventions on HIV prevention, FGM/C, gender issues etc., there should be an integrated approach.

- Several of the informants stressed the importance of identifying entry points that were appropriate in the local context. Moreover, as large gatherings limit informal interaction, one should try to arrange for smaller gatherings as well, only for a few households and smaller groups. This could be done by training more people from the villages as facilitators. The anti-FGM/C work has to be a continuous process over time, and not only a one time event. The capacity of the Anti-FGM/C committees may easily be overstretched if all the outreach work is left to them.
- Very few young people were observed during the village meetings. However, youth are an important target group if change is to take place, and NUEYS has an important role to play.
- Targeting the circumcisers with micro credit is one of three main strategies in the programme document. As the experience with this intervention seems to be quite mixed, the team agrees that this intervention should be tested out and handled with some caution.
- It is hard to enforce an anti-FGM/C law when the prevalence is high and the awareness low. Penalties may also result in the practice going underground and the work on abolishment backlash. Therefore, the proclaimed law should be reinforced with aggressive campaigns and awareness raising programmes, until people have received adequate education to understand both the harmful effects of FGM/C and the law itself.
- The capacity within UNFPA to follow up the FGM/C programme with NUEW seems to be sufficient. With the new programme staff in place, NUEW feels that they can cope with the situation. However, if they are going to expand to other areas, they will need more staff in the head quarter. With regard to staff at the lower levels, NUEW has a unique structure down to the grassroots, which definitely has the potentials for developing a national FGM/C movement.
- The Team sees interesting potentials for cross-fertilization with regard to the plans UNFPA has for approaching FGM/C in a broader and more integrated way, including issues

as gender equity, gender-based violence, HIV and AIDS, obstetric fistula, abortion and reproductive health and rights, and provide back-stopping on such issues.

- The main challenge regarding the administrative and operational aspects of the 'Anti-FGM/C Campaign' is to develop and implement an appropriate monitoring system. It is furthermore important to strengthen the focus on results in the reporting on all levels in the programme rather than on activities. Moreover, it would be interesting to document synergies between the Anti-FGM/C programme and the two forthcoming joint UN programmes on FGM/C and gender.

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Annex I Terms of Reference

Terms of Reference

Review of Anti-FGM/C activities supported by the Royal Norwegian Embassy in Eritrea (ERI-2013 UNFPA and ERI-2031 NCA)

1. Background

Female Genital Mutilation/Cutting (FGM/C) is a common cultural and traditional practice among almost all ethnic groups in Eritrea. The forms and severity of FGM/C practices are varying among the different ethnic groups in the country. The practice involves the performance of clitoridectomy and infibulation or various combinations of the two.

The 1995 and 2002 Demographic and Health Survey (EDHS) studies have revealed that it is still a deeply rooted practice. The national prevalence rate in 2002 was 89%. FGM/C is a life threatening health issue, human right issue and concerned with gender equity. It has a direct contribution to neonate and maternal mortality. FGM/C abandonment can be achieved by behavioural changes both at the individual level and in the community at large.

The government of Eritrea is committed to the abandonment of FGM/C. The Ministry of Health has a policy that FGM/C practice in health facilities or by health personnel is strictly prohibited.

The Norwegian Government, through its Embassy in Eritrea, is supporting two FGM/C projects which are the subjects of this review:

- i) *ERI-2013 UNFPA Anti-FGM/C Campaign*
- ii) *ERI-2031 NCA- Combating FGM/C in Northern Red Sea Region.*

The Agreement with UNFPA, in the amount of USD 536.000, was signed on 26 August, 2005, and divided between a Phase I, USD 210.000 and a Phase II, USD 326.000. The Agreement with NCA was signed on 1st April, 2005 as a part of the strategic agreement on gender between the Embassy and NCA. The budget for the FGM- project is NOK 477.000.

The objectives of the projects are:

- ***ERI-2013 UNFPA Anti-FGM Campaign:***
 - 1) The knowledge and awareness of community members on the harmful effects of FGM/C, reproductive health rights and gender equality improved and the positive attitude and behavioural change occurred.
 - 2) The awareness of traditional circumcisers of the harmful effects of FGM/C increased and their services abandoned.
 - 3) The institutional capacity in the local anti-FGM/Committee in planning, implementation, management and monitoring of anti-FGM/C strategies at the zoba level enhanced.
- ***ERI-2031 NCA - Combating FGM in Northern Red Sea Region.***

- 1) To educate and bring about the eradication of FGM in the Northern Red Sea Zoba of Eritrea.
- 2) To educate the religious leaders of the 4 religious groups in Eritrea regarding the dangers of FGM.

The two projects are implemented in collaboration with National Union of Eritrean Women (NUEW).

The implementations of both projects are delayed. The UNFPA project started in the second half of 2006 due to shortage of staff in the UNFPA's office as well as in the office of the local partner, NUEW. As to NCA, the implementation has not yet started due to lack of a formal approval from the Ministry of Labour and Human Welfare (requirement of the NGO-proclamation of 2005).

The review is commissioned by the Embassy of Norway in conjunction with the Ministry of Foreign Affairs/Norad in Oslo and in accordance with the agreements with UNFPA and NCA. Even though NCA has not yet started their project, the Embassy considers it important to include a review of their past experience of FGM/C-work in Eritrea and their methodology used in combating FGM/C.

The review team will comprise:

Ms. Marit Berggrav, (team leader) specialist on HIV/AIDS, gender.

Dr. Sølvi Tharaldsen, with experience of reproductive health, incl. anti-FGM/C work.

Ms. Nina Strøm, with experience on FGM and sexual and reproductive health.

Dr. Tesfamariam Yosief Debessai, with experience on reproductive health, HIV/AIDS, Micronutrients and Environment.

2. Purpose of the review

The purpose of the review is threefold:

- a) to provide an assessment of administrative and operational aspects of the projects,
- b) to provide an assessment of the methodologies applied by the two agencies, and the complementarity and level of coordination among UNFPA, NCA, national authorities and other actors in the field.
- c) to provide recommendations on possible amendments in existing strategies, programmes and operation, including recommendations for the integration of FGM/C, HIV/AIDS-prevention and possible reproductive health interventions in future programmes;

3. Scope of work

3.1 Assessment of methodologies and programme designs

- Assess the relevance of the methodologies, strategies and programme designs applied in relation to the national context.
- Assess to what extent program designs are participatory, multisectoral and community based.
- Assess the relevance of performance- /awareness change indicators and means of verification of behaviour change.
- Assess the coordination and complementarity with other partners/organizations working on FGM/C.
- Comment on the national strategy paper on FGM, and discuss issues related to implementation.

3.2 Assessment of administrative and operational aspects

- Identify the challenges factors affecting implementation/performance and discuss how to address them.
- Review monitoring and reporting systems, and review the documentation of past experiences.

- Assess the implementation capacity of NUEW for this project, including monitoring and reporting capacity.

4. Methodology of review, timeframe and reporting

4.1 Methodology

The review method shall be qualitative and based upon desk reviews, interviews, group discussions and an informal debriefing before departure.

The review shall include field visit to selected sites in Debub Region.

4.2 Timeframe and budget

The consultants are expected to start preparation for the review in the beginning of March 2007 with interviews and meetings in Eritrea during the period of March, 6-14.

Any costs related to the consultants from Norway will be carried by Norad on a separate budget.

The costs related to the local consultant will be covered by the Embassy.

4.3 Results, discussions and reporting

The report shall be concise, not exceeding 25 pages, and include an executive summary (maximum 2 pages) with main conclusions and recommendations.

A draft report in Word format in English shall be submitted to UNFPA, NCA and the Embassy by end of March. Followed by two weeks for comments by UNFPA, NCA and the Embassy -i.e. by 15th April, 2007, the final report is to be submitted by 20th April, 2007.

Asmara, 2 March, 2007

Arman Aardal
Chargé d'affaires a.i.
Embassy of Norway
Asmara

Annex II Programme

Date	Time	Event	Place	Key People met
06 (Tue)	09:00-10:00	Briefing by Norwegian Embassy and presentation of TOR and Programme	Norwegian Embassy (NE)	Stakeholders, UNFPA, NCA, UNAIDS,
	10:00 – 10:45	Briefing by UNFPA	UNFPA	Dirk Jena, Silje and Yordanos Mehari
	11:00 – 12:00	Briefing by Unicef	Unicef	Dr. Pirkko Heinonen
	14:30 – 15:30	Briefing by NCA	NCA	Bernt Skutlaburg, Luz Josief and Hanna Mehary
	16:00 - 17:30	Meeting with MOH	MOH	Dr. Zemuy Alemu , Dr. Berhana Haile
07(Wed)	08:30 – 09:30			
	10:00 – 11:30	Meeting with Worku Zerai	NE	Worku Zerai
	14:30 – 16:00	Meeting with Dr. Abrehet	NE	Dr. Abrehet G/kidan
08 (Thu)	10:00 – 11:30	Meeting with Dr. Tesfay Haile	NE	Dr. Tesfay Haile
	14:00 – 15:00	Meeting LWF (<i>Jan Schutte</i>)and DIA (<i>JohnVeron</i>)	NE	Jan Schutte, JohnVeron
	15:30 – 17:00	Meeting with CARE, Vision Eritrea will Join	CARE	Mrs. Claudia Futterknecht
09 (Fri)	14:30 – 15:30	Meeting with NUEYS	NUEYS office	Elias Measho and Goitom Mehari
	16:00 - 17:00	Meeting With NUEW	NUEW office	Ms. Luul Ghebreab, Ms Tsega Gaim and Ms. Yordanos
	18:00 – 19:00	Meeting with Temesghen from Unicef		Mr. Temesghen Araya
10(Sat)	08:30 – 10:00			
	14:00 - 16:00			
11 (Sun)	08:00	Travel to Southern region/ NUEW	Segeneiti	Administration, Anti- FGM Committee, participated in the public campaign
12 (Mon)	07:30	Travel to Southern Region/NUEW	Mendefera - Kudofelasi	Administration, Anti-FGM Committee, Discussion with Community members
13(Tue)	10:00	Meeting Orthodox Church	their office	Amb. Yofthahe Dimetros and his assistants
	14:00			
	15:00	Mufti Office	their office	Shek Alamin the Eritrean Mufti
	16:30 – 17:30	Meeting with NCA	NCA	Mrs. Joseph and Mrs. Hana Mehari
	16:30 – 17:30	Meeting Ibrahim from Unicef	Unicef	Mr.Ibrahim
14(Wed)	Morning hrs	Team will have a time to sum up its findings		
	14:30- 17:00	Informal Debriefing Meeting With UNFPA, NUEYS, NCA, NUEW and MOH	NE	All invited

Programme at field in Zoba Dehub, Sub- Zoba Mendefera on 12 March, 2007

Sun (11)	Travel to Southern region/ NUEW	Segeneiti	Administration, Anti- FGM Committee, participated in the public campaign
Mon (12) 09:00	Meeting with NUEW at regional office Mendefera	Mendefera	
10:30	Meeting with Sub-Zoba Mendefera Anti-FGM Committee	Mendefera	
After lunch	Meeting with the community and campaigners	Kudofelasi	

NE: Norwegian Embassy

NUEW: National Union of Eritrean Women

NUEYS: National Union of Eritrean Youth and Students